

Nomination form for the Executive of the Australian Pastoral Musicians Network Inc

Nominees details:

Full Name: _____

Email Address: _____

Phone Contact(s): _____

Postal Address: _____

I hereby nominate the abovementioned nominee for the position of:

Chairperson

Treasurer

Vice-Chairperson

Committee Member

Secretary

Nominees signature

Nominators details:

Full Name: _____

Email Address: _____

Phone Contact(s): _____

Postal Address: _____

Nominators signature

Notes

1. Committee Members terms are normally for two years.
2. The nominee and the nominator must both be members of the Association.
3. By signing this form, the nominee signifies his or her willingness to stand for election.

This form must be returned to the Secretary by:

e-mail: info@apmn.org.au

or

mail: PO Box 399, Cardiff, NSW 2285