

Board Nomination Form

of the SEQ Catchments Members' Association Board

In accordance with Section 15 of the Rules of the Association, any two (2) Members of a division of the Association may nominate any other Member to serve as a Board Member for the division, to be voted on at the Annual General Meeting.

During the course of the year, casual board vacancies can be filled by also using this nomination form.

Nominations are to be returned to the Secretariat via email: companysecretariat@hlw.org.au

Division (please circle or highlight)

DIVISION	Max No. Members	DIVISION	No. Members
ICM and Landcare	8	Research and Education	2
Local Government	5	Rural Industry	4
Coastal and Marine	2	Traditional Owners	2
Environment	3	Urban Industry	2
Recreation, Sport and Tourism	1	Other	2

Candidate Details

Name

Address

State

QLD

Postcode

Phone H

W

M

Email

Organisation Represented (must be a current Member of the Association)

Proposer

The Proposer must be from the same Division that the Candidate wants to represent.

Name of Organisation

Name of Authorised Representative

Signature

Date

Secunder

The Secunder must be from the same Division that the Candidate wants to represent.

Name of Organisation

Name of Authorised Representative

Signature

Date



[New Membership Nomination Form](#)

Division (please circle or highlight)	
<ol style="list-style-type: none"> 1. ICM and Landcare 2. Local Government 3. Coastal and Marine 4. Environment 5. Recreation, Sport and Tourism 	<ol style="list-style-type: none"> 6. Research and Education 7. Rural Industry 8. Traditional Owners 9. Urban Industry 10. Other (including Individuals)
Name of Candidate	
Organisation Represented	
Postal Address	
Contact Phone number(s)	
Business:	
Mobile:	
Email Contact	
Signature:	

Please provide a few short sentences describing your organisation:

This application is supported by:

Must be proposed by one Member of SEQ Catchments Members Association and seconded by another Member of SEQCMA, one of which must be from the Division to which the applicant seeks admission unless the applicant is to be the first Member in the Division.

Proposer – (must be a Member of SEQCMA)	
Organisation name	
Authorised Representative	
Name:	
Signature	Date
Secunder – (must be a Member of SEQCMA)	
Organisation name	
Authorised Representative	
Name:	
Signature	Date

**TO BE RETURNED TO THE SECRETARIAT AT
PO BOX 13204
GEORGE STREET QLD 4003**

or email to rachel.cadwallader@healthywaterways.org