



## Management Committee Member Nomination Form

Nominee to Complete	
Name:	
ACA Membership Number:	
Zone:	
Signature:	
Date:	

I nominate for the following position on the Australian Campdraft Association Management Committee:

Proposer To Complete	
Name:	
ACA Membership Number:	
Zone:	
Signature:	
Date:	

Secunder To Complete	
Name:	
ACA Membership Number:	
Zone:	
Signature:	
Date:	

Proposer and Secunder must be a financial ACA Member. Proposer and Secunder must be from the same zone as the nominee (excluding Executive positions). Members under the age of 17 years cannot be a Proposer or Secunder.



Any member nominating for an Executive position must either:

- A. Provide a satisfactory background check, or
- B. Tick the box below and sign to acknowledge that a satisfactory background check has been previously supplied to the ACA Secretary, and that there have been no changes to the nominee's status since the background check was provided.

Signature: \_\_\_\_\_

<b>SECTION D: Office Use Only</b>	
Applicant is a full ACA Financial Member:	Sign:
Proposer is a full ACA Financial Member and in the same Zone as the Nominee:	Sign:
Secunder is a full ACA Financial Member and in the same Zone as the Nominee:	Sign: