



ACCEPTANCE SYDNEY FOR GAY AND LESBIAN
CATHOLICS INCORPORATED
COMMITTEE NOMINATION FORM

Contact Information | info@gaycatholic.com.au | www.gaycatholic.com.au | ABN 69 261 911 739

Per S 18 (1b) Committee nominations must be delivered at least 7 days before the date fixed for the AGM

Dear Secretary,

We, the undersigned being financial members of Acceptance Sydney for Gay and Lesbian Catholics Inc.,

hereby nominate _____ of _____
(Candidate's full name) (Candidate's Address)

to the association's committee in the position(s) of:

Office Bearer: Secretary **AND/OR** Treasurer, **OR** Ordinary Committee Member
(Tick applicable)

for the financial year _____ to _____
(Year) (Year)

	Nominator's Full Name	Nominator's Address	Nominator's Signature
1.			
2.			

I, _____ on _____ hereby consent to the above nomination and
(Candidate's Name) (Date)

declare that: I am a financial member of Acceptance Sydney for Gay and Lesbian Catholics Inc.

Candidate's Signature