SCCA

PO Box 384, Caloundra, QLD 4551
info@wearescca.org

ABN 35 157 470 824

Nomination Form AGM 2024

The person being nominated for any of the positions, plus the nominator and seconder MUST be Members of the Sunshine Coast Creative Alliance.

Nomination of _____
for the position of (please place an × in the relevant box below)

❏ President
❏ Vice President
❏ Secretary
❏ Treasurer
❏ Management Committee

Nominated by

Name: _____

Signature: _____

Seconded by

Name: _____

Signature: _____

I, the nominee, accept the nomination for the above position(s):

Name: _____

Signature: _____

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