



Glen Innes Natural Resources Advisory Committee

Committee of Management Nomination Form _____ / _____

Date: _____

I, _____
(Full Name) (Signature)

Nominate: _____

For the position of -

Chairman Secretary Treasurer Committee Member

Seconded by, _____
(Full Name) (Signature)

I, _____ ACCEPT the above nomination.
(Full Name)

Address: _____

Telephone: _____ Email: _____

Signature: _____

Note: All the above mentioned persons must be current members of GLENRAC INC.

**Please return the original to GLENRAC, The Secretary PO BOX 660 GLEN INNES NSW 2370
or in person, 68 Church St Glen Innes at least 7 days prior to the Annual General Meeting**