



COUNCIL OF ACT MOTOR CLUBS INC.

NOMINATION for COMMITTEE

I _____ being a Delegate of the

CACTMC Affiliate (club): _____

agree to my nomination for the position _____

on the CACTMC Committee for the forthcoming year.

Signature _____, Date: _____

Proposed by: _____

Delegate of the CACTMC Affiliate (club): _____

Signature _____, Date: _____

Seconded by: _____

Delegate of the CACTMC Affiliate (club): _____

Signature _____, Date: _____

This form must be received by the Secretary at least seven (7) days prior to an election.

The form can be emailed to: Secretary@CACTMC.org.au
or posted to: CACTMC Secretary, PO Box 505, Woden, ACT, 2606