

Children’s Book Council of Australia – ACT Branch

Nominations Form for Committee Positions - 2022

Position

Nominee Name:

Signature

Nominated Name

Signature

Seconded Name

Signature

**Membership Officer**

I confirm that the above nominee and nominators are financial members.

Signature:

**Returning Officer**

I confirm that the above nomination is valid, was received as per regulations.

Signature

Date

Please send to: [membership@cbcaact.org.au](mailto:membership@cbcaact.org.au)

**Committee Positions**

President

Vice-Presidents (up to 2)

Treasurer

Membership Secretary

Minutes Secretary

Committee Members (up to 5)

**Other Positions**

Archivist

E-News

Website Manager