



Nomination Form for Office Bearer of the Association

Nominee details	
I, _____ member of ETHNICPLUS INC (Incorporation Number IA59541), address PO Box 363, Helensvale, Qld 4212, hereby nominate for the position of:	
Management Committee Roles – voluntary. <input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> Events Manager <input type="checkbox"/> Content and Communications Manager	
Sub-Committee Roles – voluntary. <input type="checkbox"/> Membership Coordinator <input type="checkbox"/> Social Media Coordinator <input type="checkbox"/> Design Coordinator <input type="checkbox"/> Website Coordinator	
I hereby declare that I have reviewed the responsibilities of an office bearer as outlined in the position description and will resign the position and will abide by the rules and by-laws of the association.	
Signature	
Date	

Please return completed nomination form to the ETHNICPLUS INC at hello@ethnicplus.org by Wednesday November 25. Please note your nomination will be advertised to members in a ballot list in alphabetical order on Wednesday December 2 in our private, secure group. This will not be public facing. Members will vote at our AGM on December 9 2020. Good luck!

Please contact as if you have any questions or concerns.