



# Neighbourhood Centres of Bellingen Shire Inc

ABN: 46 636 213 835

Incorporation no: INC1901679

Based on Gumbayngirr Country in the Bellingen Shire

31 Hyde Street, Bellingen

Postal: PO Box 204 Bellingen NSW 2454

Phone: 02 6655 1239

Email: [manager@ncobs.org.au](mailto:manager@ncobs.org.au)

Web: [www.ncobs.org.au](http://www.ncobs.org.au)

## Nomination for Management Committee

We, being financial members of Neighbourhood Centres of Bellingen Shire Inc, do hereby nominate fellow financial member \_\_\_\_\_ for the position of:

*(name of member being nominated)*

*(Tick one only)*

Chairperson

Secretary

Deputy Chairperson

Treasurer

Ordinary Member

Nominator's name: \_\_\_\_\_

Nominator's signature: \_\_\_\_\_

Secunder's name: \_\_\_\_\_

Secunder's signature: \_\_\_\_\_

### Acceptance of nomination

I am a financial member of Neighbourhood Centres of Bellingen Shire Inc and **accept nomination** for this position on the management committee.

I agree to undertake the duties and functions of my position in line with the approved policies and procedures and declare that I will act in the best interests of Neighbourhood Centres of Bellingen Shire Inc at all times while serving on the management committee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(member accepting nomination)*

### Further information requested from the nominee

What is your interest in being a member of the Management Committee?

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Previous experience and/or positions held in this or other community organisations:

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Please return the completed form to the Neighbourhood Centre in Bellingen, Urunga or Dorrigo or by email to [manager@ncobs.org.au](mailto:manager@ncobs.org.au). Thank you.