



## Change of Committee Details

Date of Change: \_\_\_\_\_

*(Do not complete this with a Committee Affiliation form. This form is only for change of Committee member's details during the year if it occurred after submission of the Committee Affiliation form.)*

Committee Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

President Name: \_\_\_\_\_

Phone Number/s: \_\_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_

Secretary Name: \_\_\_\_\_

Phone Number/s: \_\_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_

Treasurer Name: \_\_\_\_\_

Phone Number/s: \_\_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_

Other: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Phone Number/s: \_\_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_

Campdraft contact for ACA online Events Calendar: \_\_\_\_\_

Committee President: \_\_\_\_\_

OR

Attach a copy of signed minutes detailing change.

President Signature: \_\_\_\_\_

This form can be returned to ACA either by post or email.

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