



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.

Gold Sponsors:



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