



Australian Campdraft Association Inc.

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Management Committee Member Nomination Form 2020/21

I wish to nominate for the
position of (Zone if applicable) on
the Australian Campdraft Association Management Committee.

Signed:

ACA Membership Number:

Proposed By: Signature Print

.....
ACA # Zone (Must be same as nominee)

Seconded By: Signature Print

.....
ACA # Zone (Must be same as nominee)

Proposer and Seconder must be Financial ACA Member from the same ACA zone as the
nominee.

(Excluding members under the age of 17 years)

Nominations Close:

A copy of the Constitutional Rules and the By Law on electing the Management Committee
is available from the ACA Office and Website if required. All nominees are requested to have
an understanding of requirements to hold a position as a Management Committee member.