



Change Of ACA Affiliated Committee Details

Date of Change: _____

Do not complete this with an ACA Committee Affiliation Form. This form is only for change of committee member details during the year; if it occurred after submission of the ACA Committee Affiliation Form.

ACA Affiliated Committee Name: _____

Mailing Address: _____

Suburb: _____ State: _____ Postcode: _____

President Name: _____

Phone 1: _____ Phone 2: _____

Email: _____

Secretary Name: _____

Phone 1: _____ Phone 2: _____

Email: _____

Treasurer Name: _____

Phone 1: _____ Phone 2: _____

Email: _____

Other: _____

Name: _____ Role: _____

Phone 1: _____ Phone 2: _____

Email: _____

Campdraft Contact for ACA Website Calendar: _____

Committee President: _____

President Signature: _____