



45 Mann Street, Gosford NSW 2250 Ph: 4324 7477

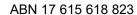
admin@cccmusic.nsw.edu.au

www.centralcoastconservatorium.com.au

NOMINATION FORM FOR OFFICE BEARER OF THE CENTRAL COAST CONSERVATORIUM OF MUSIC INC. (CCCM)

Form to be received by the secretary of the CCCM. by Monday 9 May at 7:00pm

PROPOSER FORM	
I, (full name)	
Of (full address)	
Being a member of the CCCM, hereby nominate (full name)	
Of (full address)	
For the position of: (tick all that apply) Note: Members may nominate the candidate for one or more positions on the Committee, but no candidate can be elected to more than one position. Candidates do not have to be members of the CCCM.	President Vice President Secretary Treasurer Ordinary Member
Signature of Proposer:	Date:
I, (full name):	
Of (full address)	
being a member of the CCCM, second the nomination.	
Signature of Seconder:	Date:



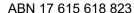


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ACCEPTANCE FORM			
I (full name)			
-			
Of (full address)			
-			
Phone:			
-			
Email:			
-			
do hereby accept nomination to be an officeholder of the Central Coast Conservatorium of Music			
and have completed the attached Statutory Declaration.			
Signature of Nominee:			
_			
Date:			
Statutory Declaration Oaths Act 1900, NSW, Ninth Schedule			
I (full name)			
	·		
Of (full address)			
in the State of New South	Wales do hereby solemnly and sincerely declare as follows:		
	e left side of all statements that you deem to be true to the best of your		
knowledge, belief, or infor	<u> </u>		
I am over the age of 18 years of age.			
I am the nominee for office named above.			
I am not an undischarged bankrupt.			
I have not executed a Deed of Arrangement under the Bankruptcy Act, the terms of which have not been fully complied with.			
I have not entered into a composition with my creditors under the Bankruptcy Act whereby a final payment has not been paid.			





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I have not had a personal representative or Trustee appointed to administer my estate under the provision of any legislation relating to protected persons.

I acknowledge that the principal statutes governing the duties of directors of CCCM are Associations Incorporated Act 2009 (NSW).

I acknowledge that there are other legislations which may impact on my duties and responsibilities as a director. These include but are not limited to the Fair Work Act, the Work Health & Safety Act, the Anti-Discrimination Act and the Trade Practices Act.

I will attend other in-house training as required by law or as per strategic recommendations.

Declaration

And I make this solemn declaration, as to the matter (or matters) aforesaid, according to the law in this behalf made and subject to the punishment by law provided for any wilfully false statement in any such declaration.

Signature (of declarer)	
Subscribed and Declared in the suburb and state of:	
Dated	
Before me (name of witness)	
Signature (of witness)	
Dated	

Nomination forms can either be delivered:

- in person to the Secretary Kate McCallum c/- Central Coast Conservatorium of Music Inc, 35 Mann St, Gosford 2250; or
- may be scanned and emailed to: secretary@cccmusic.nsw.edu.au