

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, <i>(full name)</i>											
Of <i>(full address)</i>											
Being a member of the CCCM, hereby nominate <i>(full name)</i>											
Of <i>(full address)</i>											
For the position of: <i>(tick all that apply)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td>President</td></tr> <tr><td style="width: 20px; height: 20px;"></td><td>Vice President</td></tr> <tr><td style="width: 20px; height: 20px;"></td><td>Secretary</td></tr> <tr><td style="width: 20px; height: 20px;"></td><td>Treasurer</td></tr> <tr><td style="width: 20px; height: 20px;"></td><td>Ordinary Member</td></tr> </table>		President		Vice President		Secretary		Treasurer		Ordinary Member
	President										
	Vice President										
	Secretary										
	Treasurer										
	Ordinary Member										
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.											
Signature of Proposer:	Date:										
I, <i>(full name):</i>											
Of <i>(full address)</i>											
being a member of the CCCM, second the nomination.											
Signature of Seconder:	Date:										

ACCEPTANCE FORM	
I <i>(full name)</i>	_____
Of <i>(full address)</i>	_____
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 <i>(full name)</i>	_____
Of <i>(full address)</i>	_____
in the State of New South Wales do hereby solemnly and sincerely declare as follows: <i>(please place a tick on the left side of all statements that you deem to be true to the best of your knowledge, belief, or information)</i>	
<input type="checkbox"/>	I am over the age of 18 years of age.
<input type="checkbox"/>	I am the nominee for office named above.
<input type="checkbox"/>	I am not an undischarged bankrupt.
<input type="checkbox"/>	I have not executed a Deed of Arrangement under the Bankruptcy Act, the terms of which have not been fully complied with.
<input type="checkbox"/>	I have not entered into a composition with my creditors under the Bankruptcy Act whereby a final payment has not been paid.

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