

JOONDALUP COMMUNITY ARTS ASSOCIATION INCORPORATED

NOMINATION FORM – SPECIAL GENERAL MEETING

Please submit to the

Secretary
Joondalup Community Arts Association
4/48 Central Walk
Joondalup WA 6027

by post by 03 October 2013

I accept nomination for the position of:

Name: _____

Address: _____

Phone: (h)_____ (w)_____ (m)_____

Email: _____

Signature: _____ Date: _____

Nomination proposed by:

Phone: (h)_____ (w)_____

(m)_____

Date: _____



City of
Joondalup