

CLCQ Management Committee Nomination Form 2024 / 2026

To be completed by nominator:

I _____
(Name)

authorised by _____ , _____
(CLCQ Member Centre) (Position)

nominate _____
(Name)

of _____
(CLCQ Member Centre)

for the position of President
 Secretary
 Treasurer
 Management Committee Member

Signed _____ Date _____

To be completed by nominee:

I _____
(Name)

accept this nomination to the CLCQ management committee.

Signed _____ Date _____

Nominations for CLCQ Management Committee positions close on **21 October 2024**

Return completed form to admin@communitylegalqld.org.au