



 P O Box 519
ROCKHAMPTON QLD 4700

 0448 522 251
 rockhamptonlittletheatre@gmail.com

 www.rockhamptonlittletheatre.org.au

 ABN 43 703 377 812

NOMINATION OF OFFICERS & COMMITTEE MEMBERS

Send to: Secretary
Rockhampton Little Theatre Inc
P O Box 519
ROCKHAMPTON QLD 4700

or rockhamptonlittletheatre@gmail.com

We: _____

And _____

**Being life/financial members of the Rockhampton Little Theatre Inc
nominate the following member to be elected to office at its Annual
General Meeting to be held on ___ / ___ / _____ or any
adjournment thereof.**

Name of nominee: _____

Office designated (please circle):

| | |
|----------------------------|-----------------------|
| President | Vice President |
| Secretary | Treasurer |
| Members Coordinator | Custodian |
| Director of Theatre | |

I consent to the above nomination.

Signed: _____