

## Nomination Form Murray Conservatorium Board of Management

I, \_\_\_\_\_  
(full name of applicant)

of \_\_\_\_\_  
(address)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Nominate for a position on the board of management

Signed \_\_\_\_\_ Date \_\_\_\_\_

### Nomination Checklist

- Two referees provided with CV
- Working with Children Check number provided on EOI
- References checked with satisfactory results
- Date available to commence \_\_\_\_\_

### Board of Management Support

The Witness and Secunder must be financial members for the current year.

Witness Name	Signature	Date
Secunder Name	Signature	Date