



## NOMINATION FOR ASSOCIATION MEMBERSHIP 2023-2024

(Valid until 22/09/2024)

I \_\_\_\_\_  
Full name of nominee

of \_\_\_\_\_  
Full address details

accept the nomination for membership of the MBMA Inc. Upon payment of \$2.00 membership fee and acceptance by the Management Committee, I agree to abide by the Rules of Association and any subsequent Management Committee endorsed by-laws or policies.

Phone: \_\_\_\_\_  
(H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

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

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

\*Nominator & Seconder must be current financial members of the MBMA Inc.

I, \_\_\_\_\_  
Nominator

of \_\_\_\_\_  
Full address details

Phone:(H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

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

nominate \_\_\_\_\_  
Full name of nominee

to be accepted as a member of the Moreton Bay Montessori Association Inc.

\*Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_  
Seconder

of \_\_\_\_\_  
Full address details

Phone:(H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

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

second the nomination of: \_\_\_\_\_  
Full name of nominee

\*Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

Paid \$2.00 Renewal Fee Y/N: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt No. \_\_\_\_\_

The MC of the MBMA Inc. approves/declines the renewal of membership of the MBMA Inc.

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_/\_\_/201