Moreton Bay Montessori Association

200 Old Gympie Road, CABOOLTURE QLD 4510
PO Box 1610, CABOOLTURE QLD 4510
secretary@mbma.asn.au
www.cms.qld.edu.au

Membership Nomination

How to Apply for Membership to MBMA Inc.

To ensure we comply with our legal requirements, please follow these steps:

1. **Find a Proposer and Seconder:** Your application must be proposed by one current financial member and seconded by another.
2. **Complete the Form:** Fill out the Nomination Form in this pack and ensure all three parties (you, your proposer, and your seconder) have signed it.
3. **Submit and Pay:** Return the completed form to the Secretary (secretary@mbma.asn.au) or drop it off at School Reception and pay the **$2.00** membership fee.
4. **Board Review:** Your application will be considered by the Management Committee at their next Board meeting.
5. **Notification:** The Secretary will notify you in writing as soon as practicable after the Board's decision.

Important Disclosure: Public Liability Insurance

In accordance with **Rule 10.2** of our Association Rules, we must inform you of our insurance status before your application is considered:

The Moreton Bay Montessori Association Inc. holds Public Liability Insurance to the value of $100,000,000 (One Hundred Million Dollars) as required by the Associations Incorporation Act 1981.

This coverage is reviewed annually by the Board to ensure it remains adequate for our school's activities. For more information, members may request a copy of our current Certificate of Currency from the Secretary.

Moreton Bay Montessori Association

NOMINATION FOR ASSOCIATION MEMBERSHIP (2025-2026)

To be completed by Nominee

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: (M) _____ Email: _____

Signed: _____ Date: _____

To be completed by Nominator – Must be current financial member of the MBMA Inc.

I _____
Full name of nominator

Of _____
Full address details

Phone: (M) _____ Email: _____

nominate_____
Full name of nominee

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

*Signed:_____ Date:_____

To be completed by Seconder – Must be current financial member of the MBMA Inc.

I,_____
Full Name of Seconder

of_____
Full address details

Phone: (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: _____