

Port Community Arts Centre Inc.  
66 Commercial Road,  
Port Adelaide SA 5015

**AGM NOMINATION FORM**

I, .....

being a financial member, wish to nominate myself or

Mr/Mrs/Miss/Ms .....

for a position on the Board of Management of the Port

Community Arts centre.

Address: .....

.....

..... Post Code: .....

Telephone: .....

Signed: .....

Seconded by: .....  
(Print name)

Signed: .....

Date: ..... / ..... / .....