



45 Main Street Qld 4800  
 Phone: 0408 187 944  
 Email: [coordinator@whitsundaylandcare.org.au](mailto:coordinator@whitsundaylandcare.org.au)  
 Chairperson: Graham Armstrong  
 Coordinator: Cath Campbell

## MEMBERSHIP NOMINATION FORM

*Membership to WCL is currently free of charge and General meetings are usually held every 2 months.*

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Name of Proxy: \_\_\_\_\_  
*Optional* (separate nomination form to be completed)

### MEMBERSHIP TYPE (Please specify)

- Ordinary Member *All persons who are approved of by the management committee, each of whom will have one vote.*
- Organisation Member *Stakeholder groups/associations, public/other incorporated bodies, local authorities etc, each of whom will have one representative with one vote. If you will be representing another organisation during WCL meetings please complete the lines below and have an authorised person from your organisation complete page 2.*  
 Organisation/Agency Name: \_\_\_\_\_  
 Role in Organisation/Agency (if applicable): \_\_\_\_\_
- Associate Member *Government departments/ agencies, and any persons who have the interests of the Association and furtherance of its objectives in mind but who shall not have voting rights.*

Please tick your choice below. If possible email is our preferred contact method.

I wish to receive the WCL newsletter via  email  post  no newsletters required

I wish to receive meeting notices  email  post

Signed by Applicant: .....Date: .....

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### (OFFICE USE ONLY)

Name: \_\_\_\_\_  
 (Proposer – existing member) (Seconder – existing member)

Signed: \_\_\_\_\_  
 (Proposer) (Seconder)

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

- Please return to the WCL Coordinator at the above address.
- Membership is due June 30 each year

**Complete only if you will be representing an organisation. Signatory must have authority to sign on behalf of the organisation.**

## **Authorisation for Organisation Representative**

ORGANISATION: \_\_\_\_\_

I, \_\_\_\_\_ (name of authorised representative)

on behalf of the above mentioned, hereby give authorisation for the following person/s to act as a representative for our organisation.

REPRESENTATIVE: \_\_\_\_\_

ALTERNATIVE REPRESENTATIVE (PROXY): \_\_\_\_\_

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

Position Held: \_\_\_\_\_