



Nomination Form Member of Camp Quality Limited

I _____ hereby nominate: _____
(Name of Current Member) (Candidate's full name)

of: _____
(Full address & postcode)

for Membership of Camp Quality Ltd.

Candidate's contact details: Telephone: _____

Email: _____ Mobile: _____

Signed: _____
(Signed by current Camp Quality Member) (Date)

Responsibilities of Members

Membership allows you one vote on any resolution at any general meeting of Camp Quality either in person or by proxy, however there is no obligation to vote. The only obligation of a member is in the case of the organisation winding up. Under the constitution, if Camp Quality were to be wound up and there were debts/liabilities outstanding, each Member and each person who has ceased to be a Member in the preceding year would be liable up to an amount of \$10. Please see section 54 of the constitution which is available on the Camp Quality website: www.campquality.org.au/public/who-we-are/members

I accept the above nomination: _____
(Signed by Candidate) (Date)

Please fill out either Part A or Part B below:

Part A – I am a parent/carer of a current Camp Quality Camper (aged 0-18 years)

I am a bereaved parent/carer of a Camp Quality Camper

Please fill in camper's name. (Ignore Part B – no payment is required.)

Camper's Name: _____

Part B – I am not eligible for free membership as outlined in Part A above. My payment details are below:

Enclosed is a cheque/money order made out to **Camp Quality Limited** for \$25 annual subscription fee, or

Please deduct \$25 annual subscription fee from the following credit card:

MasterCard

Visa

American Express

Credit Card Number: _____ Expiry Date: _____

Name on Card: _____

Please note: your payment will be processed after your application has been approved by the Board.

Please forward this nomination form to:

**The Company Secretary
Camp Quality Ltd
PO Box 400
Epping NSW 1710**