

STORYFEST INCORPORATED COMMITTEE/OFFICE BEARER FORM

Thereby nominate:		
for the position of (tick the posit		
for the position of (tick the posit	ion that appnes)	
☐President/Public Officer		
President Secretary	Treasurer	Ordinary member
(Name)		
(Signature)		
I second the nomination:		
(Name)		
(Signature)		_
(Name)		_
		_
(signature)		
I accept the nomination:		
(Name)		
(Signature)		

Please send forms signed by the nominee to the secretary by 18 February 2024 to The Secretary at info@storyfest.org.au.

Seconding signatures may be completed by the outgoing committee members if you are not able to arrange prior to submission.