

### REEF CATCHMENTS MEMBER NOMINATION FORM

**Member Details (Business Name or Individual)**

Name of Member: \_\_\_\_\_\_\_\_\_\_

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

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

City/Town: \_\_\_\_\_\_ Post Code:

Phone Number: \_\_\_\_\_ Fax number:

Email Address: \_\_\_\_\_\_\_ Web Address:

**Representative Details (on behalf of Business Member)**

Name:

Postal Address:

City/Town: \_\_\_\_\_\_ Post Code:

Phone Number: \_\_\_\_ Mobile Number: \_\_\_

Email:

Signed by Representative to Accept Nomination:

Signed by Member Authorised Officer:

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office use only

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Proposer – member of Reef Catchments (Seconder–member of Reef Catchments)

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

 (Proposer) (Seconder)

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

Please Return Forms to reception@reefcatchments.com or fax (07) 49684228