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ABN 59 244 779 276

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**Nominations for all positions on the Management Committee for 2019  
close at 5pm, Tuesday 6 November, 2018**

**NOMINATION FORM**  
(\*please print all details)

**ELECTED POSITION** \* .....

**NOMINEE**

First Name \* ..... Surname \* .....

I, \* ....., being a current financial member of  
the City of Toowoomba Eisteddfod Inc. accept this nomination.

..... (Signature)

DATED:.....

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**NOMINATED BY**

(must be a current financial member of the City of Toowoomba Eisteddfod Inc)

First Name \* ..... Surname \* .....

..... (Signature)

DATED:.....

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**SECONDED BY**

(must be a current financial member of the City of Toowoomba Eisteddfod Inc)

First Name \* ..... Surname \* .....

..... (Signature)

DATED:.....