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ABN 59 244 779 276

**Nominations for all positions on the Management Committee for 2027
close at 5pm,, 2026**

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:.....

NOMINATED BY

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

First Name * Surname *

..... (Signature)

DATED:.....

SECONDED BY

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

First Name * Surname *

..... (Signature)

DATED:.....