

**Nomination for Parent Management  
Committee  
Eastwood Heights Out Of School Hours  
Care Association Inc (EHOOSH)**



Please complete this form if you wish to nominate for a position on the Eastwood Heights Out Of School Hours Care Association Parent Management Committee. The AGM will be held on \_\_\_\_\_.

**Please print clearly**

Your Full Name: \_\_\_\_\_

Your Child's Name: \_\_\_\_\_

Phone/Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Role you wish to nominate for (please tick):

- President
- Treasurer
- Fundraising Officer
- Vice President
- Secretary
- WHS Officer
- Staff Liaison Officer
- Committee Member

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