

The Quilters' Guild of NSW Inc

Committee Nomination Form

We the undersigned members of The Quilters' Guild of NSW Inc nominate the following Guild member for the following committee position:

	Name of Nominee:
	Committee Position:
Prop	ooser:
	Name:
	Signature:
	Date:
Seco	onder:
	Name:
	Signature:
	Date:
l aco	cept the nomination:
	Signature:
	Date:
	Address:
	Telephone:
	e-mail:

Please attach a brief statement setting out your quilting history, and any relevant skills and experience you bring to the committee, and return to:

The Secretary
The Quilters' Guild of NSW Inc
Level 5, 276 Pitt St
Sydney NSW 2000

Closing Date for nominations is 1 October 2007