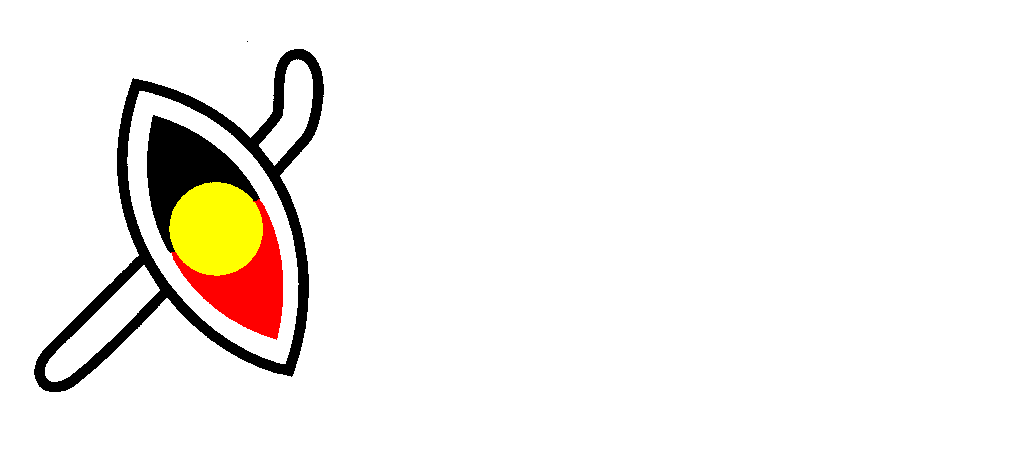
**NSW Aboriginal Education Consultative Group Inc. (AECG)**

**Local Association Management Committee (AMC)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Local |  | | Region |  |
| Date |  | Meeting Type | AGM / Re-Establishment / Newly Establish | |

**PRESIDENT**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name |  | | | Delegate to Region | | | Yes / No | |
| Address |  | | | Working with Children Check (WWCC) Number | | |  | |
| Suburb |  | | | | | Post Code | |  |
| Home Phone |  | | Work Phone | |  | | | |
| Mobile |  | Email |  | | | | | |

**VICE PRESIDENT**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name |  | | | Delegate to Region | | | Yes / No | |
| Address |  | | | Working with Children Check (WWCC) Number | | |  | |
| Suburb |  | | | | | Post Code | |  |
| Home Phone |  | | Work Phone | |  | | | |
| Mobile |  | Email |  | | | | | |

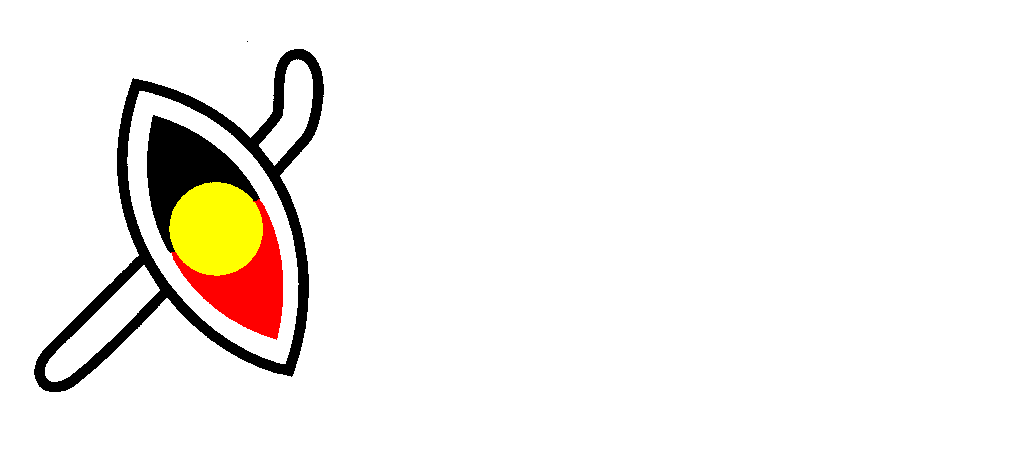
**SECRETARY**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name |  | | | Delegate to Region | | | Yes / No | |
| Address |  | | | Working with Children Check (WWCC) Number | | |  | |
| Suburb |  | | | | | Post Code | |  |
| Home Phone |  | | Work Phone | |  | | | |
| Mobile |  | Email |  | | | | | |

**TREASURER**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name |  | | | Delegate to Region | | | Yes / No | |
| Address |  | | | Working with Children Check (WWCC) Number | | |  | |
| Suburb |  | | | | | Post Code | |  |
| Home Phone |  | | Work Phone | |  | | | |
| Mobile |  | Email |  | | | | | |

|  |  |  |
| --- | --- | --- |
| White Copy (NSW AECG Secretariat) | Yellow Copy (Regional AECG Secretary) | Green Copy (Local AECG Secretary) |

**NSW Aboriginal Education Consultative Group Inc. (AECG)**

**Local AECG Membership**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Membership Type** *(Please Circle)* | | Full / Associate (Non- Aboriginal) / Life Member / Junior | | | | | Membership  Fee Paid | Yes / No | |
| Full Name |  | | | | Delegate to Region | | | Yes / No | |
| Address |  | | | | | | | | |
| Suburb |  | | | | | | Post Code | |  |
| Home Phone |  | | | Work Phone | |  | | | |
| Mobile |  | | Email |  | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Membership Type** *(Please Circle)* | | Full / Associate (Non- Aboriginal) / Life Member / Junior | | | | | Membership Fee Paid | | Yes / No | |
| Full Name |  | | | | Delegate to Region | | | | Yes / No | |
| Address |  | | | | | | | | | |
| Suburb |  | | | | | | | Post Code | |  |
| Home Phone |  | | | Work Phone | |  | | | | |
| Mobile |  | | Email |  | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Membership Type** *(Please Circle)* | | Full / Associate (Non- Aboriginal) / Life Member / Junior | | | | | Membership Fee Paid | | Yes / No | |
| Full Name |  | | | | Delegate to Region | | | | Yes / No | |
| Address |  | | | | | | | | | |
| Suburb |  | | | | | | | Post Code | |  |
| Home Phone |  | | | Work Phone | |  | | | | |
| Mobile |  | | Email |  | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Membership Type** *(Please Circle)* | | Full / Associate (Non- Aboriginal) / Life Member / Junior | | | | | Membership Fee Paid | | Yes / No | |
| Full Name |  | | | | Delegate to Region | | | | Yes / No | |
| Address |  | | | | | | | | | |
| Suburb |  | | | | | | | Post Code | |  |
| Home Phone |  | | | Work Phone | |  | | | | |
| Mobile |  | | Email |  | | | | | | |

|  |  |  |
| --- | --- | --- |
| White Copy (NSW AECG Secretariat) | Yellow Copy (Regional AECG Secretary) | Green Copy (Local AECG Secretary) |