**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  | MembershipFee 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) |