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

**Junior AECG Membership Register**

Please forwarded *Membership Register* to the Secretariat when completed.

|  |  |
| --- | --- |
| Junior AECG |  |
| Local AECG |  | Regional AECG |  |
| Email/Name | ***j.smith@mail.com*** ***John Smith*** |
| Date |  | Meeting | AGM / Gen / Establishment |

|  |  |
| --- | --- |
| School Name |  |
| Address |  |
| Suburb |  | Post Code |  |
| Contact Name |  | Position  |  |
| Email |  |

**PRESIDENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | Year  |  |
| School |  |
| Email |  |

**VICE PRESIDENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | Year  |  |
| School |  |
| Email |  |

**SECRETARY**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | Year  |  |
| School |  |
| Email |  |

**\*The Junior AECG may include an Assistant Secretary to support the Secretary position. This is optional.**

**NSW Aboriginal Education Consultative Group Inc.**

**Junior Membership Register**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | Year  |  |
| School  |  |
| School Email |  |

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| --- | --- | --- | --- |
| Full Name |  | Year  |  |
| School |  |
| School Email |  |

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| --- | --- | --- | --- |
| Full Name |  | Year  |  |
| School |  |
| School Email |  |

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| --- | --- | --- | --- |
| Full Name |  | Year  |  |
| School |  |
| School Email |  |

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| Full Name |  | Year  |  |
| School |  |
| School Email |  |

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| Full Name |  | Year  |  |
| School |  |
| Email |  |

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| --- | --- | --- | --- |
| Full Name |  | Year  |  |
| School |  |
| School Email |  |

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| --- | --- | --- | --- |
| Full Name |  | Year  |  |
| School |  |
| School Email |  |