

# COUNCIL NOMINATION FORM

## NATIONAL PARKS ASSOCIATION OF QLD INC.

Please fill out and return the form to [secretary@npaql.org.au](mailto:secretary@npaql.org.au) or post.



I, \_\_\_\_\_

have been nominated by the TWO MEMBERS below:

NAME: \_\_\_\_\_ Financial member of NPAQ  YES  NO

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ Financial member of NPAQ  YES  NO

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

For election to the following position on the Council for the National Parks Association of Queensland Inc. - PRESIDENT, VICE PRESIDENT, ASSISTANT SECRETARY, TREASURER, ASSISTANT TREASURER, COUNCILLOR (PLEASE CIRCLE).

RESIDENTIAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POST CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I am a financial member of NPAQ.  YES  NO

### TELL US ABOUT YOURSELF

Biography and detail of relevant skills and experience, including governance experience and involvement with NPAQ or other not-for profit organisations (200 words max).

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## NATIONAL PARKS ASSOCIATION OF QLD INC.



“If elected I will devote the required amount of time to being a working Member of the Council, understanding that this will require:

- preparation for and attendance at monthly meetings;
- involvement in at least one committee of Council;
- undertaking tasks between meetings;
- occasional involvement in additional and perhaps urgent meetings; and
- being generally available for contact by staff.

I am not a disqualified director or an undisclosed bankrupt and I have not been convicted of an indictable offence. Further, for the purpose of the Association’s Business Insurance, I confirm that I have not had an insurance policy cancelled or been refused insurance, or been convicted of a criminal offence, or been declared bankrupt, in the last five years.

I understand and agree to be bound by:

- NPAQ’s Rules and By-Laws
- Ethics Policy and Code of Conduct
- Policies on the roles, responsibilities and operations of the Council
- NPAQ Governance Manual
- The requirements of the Australian Charities and Not-for-profits Commission.

I pledge to uphold and promote the agreed purpose and values of NPAQ.”

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NPAQ’S PURPOSE:** The Association promotes the preservation, expansion, good management and presentation of National Parks, and supports nature conservation in Queensland.

**INSURANCE:** NPAQ has public liability insurance to the limit of \$30,000,000 and directors and officers liability insurance to the limit of \$10,000,000 per claim, aggregate of \$20,000,000 in any one year.

**Nomination forms should be submitted to the Secretary  
by close of business Friday 4 October 2024**

- Email to [secretary@npaq.org.au](mailto:secretary@npaq.org.au) or
- Mail to Secretary, 9/36 Finchley St, MILTON QLD 4064

Once your completed nomination form is received, you will be sent a confirmation email. If you do not receive confirmation within 48 hours (or 5 working days if sent by post), please contact the Operations Manager on 0482 962 550 or (07) 3367 0878.