

NOMINATOR'S DETAILS

New members need to be nominated by a current member of Macquarie Community College.

FIRST NAME	
LAST NAME	
EMAIL ADDRESS	
PHONE	
MCC MEMBER SINCE	

By signing below, I confirm that I nominate _____ (applicant name) for membership into Macquarie Community College. I understand that I may be contacted by a Board Member about my nomination.

SIGNATURE	DATE
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DECLARATION & SIGNATURE

I confirm that I:

- am at least 18 years of age;
- am not prohibited from being a director of a company;
- do not hold any direct or indirect material personal interest that might have a conflict of interest with the College or its subsidiaries; and
- read and understood the [College Constitution](#) and the [Members Code of Conduct](#).

If admitted as a member of the College, I agree to abide by the relevant clauses of the [College Constitution](#) and the [Members Code of Conduct](#) and undertake to always act in the best interests of the College.

SIGNATURE	DATE
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