

Bimbadeen College Inc
Bimbadeen Christian Training and Conference Centre

Nomination Form

Date of Nomination: ___/___/___

Nominator

I _____ being a member of
the Bimbadeen College association would like to nominate:

Name: _____

Address: _____

Phone: _____ Mob: _____

Email: _____

To become a member of the Bimbadeen College Inc.

Sign: _____ Date: _____

Nominee

I _____
of the above address accept the nomination to become a member of
Bimbadeen College Inc.

Sign: _____ Date: _____

Submit to Meeting of ___/___/___

Send to: Bimbadeen, Po Box 313 Cootamundra NSW 2590

Fax to: 02-69423420

Email to: admin@bimbadeen.org