



**The Salvation Army**  
**Communities for Children Facilitating Partner, Logan**

## **CfC Committee Proxy Nomination Form**

Thank you for your interest in being appointed as a proxy member of The Salvation Army Communities for Children Facilitating Partner Logan Committee (CfC Committee).

Name: \_\_\_\_\_

Position / Title (if applicable): \_\_\_\_\_

Organisation (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Existing Committee member you will be proxy for: \_\_\_\_\_

I believe that I can contribute to the CfC Committee by:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing below, I acknowledge that I have read the CfC Committee Terms of Reference and I agree to nominate for membership of the CfC Committee.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please forward this Nomination form to Karen Bust – [karen.bust@salvationarmy.org.au](mailto:karen.bust@salvationarmy.org.au)