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ADVANCE CAIRNS ADVISORY COUNCIL

PREMIER MEMBER NOMINATION FORM

TWO (2) MEMBERS FROM THE PREMIER MEMBER CATEGORY WILL BE ELECTED TO THE ADVANCE CAIRNS ADVISORY COUNCIL ON THURSDAY, 30 OCTOBER 2025.

_____

[Full Name of Nominee] ("the Nominee")

of _____

[Address of Nominee]

nominates or is hereby nominated for election to the Advance Cairns Advisory Council.

Nomination or Consent of Nominee:

The Nominee nominates/agrees* to be nominated for election to the Advisory Council of Advance Cairns Limited. The Nominee states that they have read the Advisory Council Charter and understands what will be expected of them as a council member.

Signed by the Nominee: _____

Date: October 2025

Seconder (who must be a Premier Member or Member's representative)**

I, _____[Full [Full Name]

hereby nominate/second the nomination of* the Nominee for election to the Advance Cairns Limited Advisory Council. I am a Premier Member/or Member's representative of Advance Cairns Limited A.C.N. 153 902 759.

_____

[Name of Premier Member – if signed by a member's representative]

Signed by the Nominator/Seconder:_____

Date: October 2025

PLEASE SEND COMPLETED FORMS BY 4.30PM FRIDAY 17 OCTOBER TO:

Advance Cairns by email: eabo@advancecairns.com

* Delete whichever is inapplicable.

** The Nominee must be nominated or have their nomination seconded by a member, or if the member is a company or organisation, that member's representative.