



NOTICE TO ALL MEMBERS
OF ANNUAL GENERAL MEETING

DATE: 01/11/2018
TO: ALL MEMBERS
FROM: TOWNSVILLE TABLE TENNIS ASSOCIATION INC- COMMITTEE
SUBJECT : ANNUAL GENERAL MEETING

Dear members,

The Committee would like to invite you to attend the Annual General Meeting (AGM) of the Townsville Table Tennis Association Incorporated, which will be held at Tom's Tavern Function Room on **Sunday, 9th December at 11.30am.**

Attached are the following documents:-

1. Agenda;
2. Nomination Form: Management Committee;
3. Nomination Form: Selection Sub-Committee; and
4. Proxy Voting Form.

All documents listed above are also available from the Secretary (Rhonda Miller) or from the control desk in the playing centre.

At or before the AGM the following documents will be provided to all members:-

1. President's Report;
2. Treasurer's Report;
3. Auditors Report; and
4. Head Development Coach Report.

The purpose of an AGM is to give members a report on our activities and finances for the previous year, to allow time for members to ask questions, and to the new management committee for the coming year. We encourage everyone to be involved and look forward to your participation in the AGM.

Yours faithfully,

Rhonda Miller

Rhonda Miller

Secretary

Phone 0415 270 083

Email: coordinator@townsvilletebletennis.org.au



Meeting Title | TTTA Annual General Meeting
Date | Sunday, 9 December 2017
Time | 11:30 am
Location | Toms Tavern, 136 Arthur Street, Aitkenvale

AGENDA

NO:	ITEM	SUPPORTING DOCUMENTS/NOTES
1	OPENING	
1.1	Attendance	
1.2	Proxy Forms	
2.	PREVIOUS MINUTES	
2.1	Previous minutes	AGM dated 3 December 2017
2.2	Matters arising from previous minutes	
3	AUDITOR APPOINTMENT	
3.1	Appointment of Auditor for 2018/2019	
4	PRESIDENT'S REPORT	
4.1	President's Report	Brendan Gaeta
5	TREASURER'S REPORT	
5.1	Treasure's Report and Financial Statement	Brendan Cahill Not for Profit Consultancy Services Auditors Report for year ending 31 August 2018
6	ELECTION OF OFFICE BEARERS	
6.1	Election of new office bearers	
8	CLOSURE	
8.	Closure of meeting	

**TOWNSVILLE TABLE TENNIS ASSOCIATION INCORPORATED
NOMINATION FORM : 2018 / 19 MANAGEMENT COMMITTEE**



Being financial members of the Townsville Table Tennis Association Inc., we hereby nominate:

_____ (insert full name)

for the position of:

President

Treasurer

Vice President

Secretary

General Committee

(Please tick selection)

Nominated by

Seconded by

Name: _____

Name: _____

Signature: _____

Signature: _____

(At least 1 person must be a member of the current management committee)

_____ (insert full name)

hereby accept the above nomination and agree to perform the function of the position.

Address: _____

Phone: (H) _____ (W) _____ (M) _____

Fax: _____

Email: _____

Signature _____ Date: _____

Return to: **Email: coordinator@townsvilletabletennis.org.au
or submit at the playing centre.**

Post: Secretary
Townsville Table Tennis Association
P O Box 185
CASTLETOWN Q4812

Lodgement deadline:

Sunday 2 December 2018 at 11.00am (being 7 days prior to the AGM)

**TOWNSVILLE TABLE TENNIS ASSOCIATION INCORPORATED
NOMINATION FORM : 2018 / 19 SELECTION SUBCOMMITTEE**



Note: A subcommittee may be established by the management committee under the Rules for the incorporation association. The subcommittee appointed operate under the directions of the management committee.

_____ (insert full name)

hereby nominate for the position on the subcommittee as a selector for the 2018/2019 year.

Duties of the selection subcommittee will include:-

1. Regular local result analysis;
2. Attendance at local ranking events, including fixtures and club events for ratification by the management committee;
3. Selection of Townsville Junior, Senior and Veterans Teams for ratification by the management committee;
4. Receive and review regional open tournament results.

Nominated by

Seconded by

Name: _____

Name: _____

Signature: _____

Signature: _____

(At least 1 person must be a member of the current management committee)

_____ (insert full name)

hereby accept the above nomination and agree to perform the function of the position.

Address: _____

Phone: (H) _____ (W) _____ (M) _____

Fax: _____

Email: _____

Signature _____ Date: _____

**Email: coordinator@townsвиллетennis.org.au
or submit at the playing centre.**

Return to : Secretary
Townsville Table Tennis Association
P O Box 185
CASTLETOWN Q4812

The selection committee will be determined by the management committee at a management committee meeting and not at the annual general meeting. This will be completed in terms of the Rules.

Lodgement deadline:

Sunday 2 December at 11.00am (being 7 days prior to the AGM)



PROXY VOTING FORM

I, _____ (insert full name), being a financial member of the Townsville Table Tennis Association Incorporated ("Association") hereby appoint the person below as my proxy to vote for on my behalf at the Annual General Meeting of the Association to be held on Sunday 9 December 2018 and/or any adjournment of such meeting

Full Name of Proxy: _____

Phone Number of Proxy: _____

Date: ____ / ____ / 2018

Signature _____

(Please circle your choice)

This form is to be used in favour of the resolution.

Against the resolution

Or unless otherwise instructed, the proxy may vote as he thinks.