

EXECUTIVE INFORMATION FORM

ATTENTION: PUBLIC OFFICER/SECRETARY

This information is used for our website, show dates book and all communications from us.
It is critical to keep these details up to date.

SHOW SOCIETY:

WEBSITE: FACEBOOK PAGE:

SOCIETY POSTAL ADDRESS:

ANNUAL SHOW DATE: Next:

+ 1 Year:

+ 2 Years:

+ 3 Years:

SUPPLEMENTARY EVENTS & DATES - for upcoming year (Show Horse Events *must be approved by your Group before notifying AgShows NSW, in order to allow Exhibitors to gain performance points for the Sydney Royal.*)

Event Name	Date

DATE OF NEXT AGM: YEAR OF FIRST SHOW:

ARE YOU REGISTERED WITH ACNC YES ☐ NO ☐

If No: Have you submitted FORM 12 to FAIR TRADING YES ☐ NO ☐

Form 12 (annual summary of financial affairs) T1 & T2 must be submitted to Fair Trading within one month after each AGM.

Each person must have a unique email address.

PUBLIC OFFICER: First name: Surname

Phone Mobile Email.....

If a new Public Officer is appointed a Form 9 must be submitted to Fair Trading within 21 days of the appointment. **N/A to ACNC registered shows**

PRESIDENT: First name: Surname

Phone Mobile Email.....

SECRETARY: **These details are the published show contact information, ensure the show email address is provided.**

First name: Surname

Phone Mobile Show Email.....

Alternate Email (optional).....

TREASURER: First name: Surname

Phone Mobile Email.....

YOUNG WOMAN COORDINATOR: First name: Surname

Phone Mobile Email.....

Please ensure you complete acknowledgement overpage.

CHIEF STEWARD INFORMATION

ATTENTION: PUBLIC OFFICER/SECRETARY

This form is used to gather Chief Steward information to ensure relevant communication.
It is not shared publicly.

Each person must have a unique email address.

CATTLE CHIEF STEWARD:

First name:..... Surname

Phone Mobile Email.....

HORSE CHIEF STEWARD:

First name:..... Surname

Phone Mobile Email.....

SHEEP CHIEF STEWARD:

First name:..... Surname

Phone Mobile Email.....

GOAT / ALPACA CHIEF STEWARD:

First name:..... Surname

Phone Mobile Email.....

WHS / SAFETY OFFICER

First name:..... Surname

Phone Mobile Email.....

SHOW BIOSECURITY OFFICER

First name:..... Surname

Phone Mobile Email.....

I acknowledge that the information in this document is true and correct as per the Show Society's most recent AGMElection.

Secretary: Date

Public Officer: Date.....