



WOLLONDILLY ARTS GROUP

WOLLONDILLY ARTS GROUP INC | PO BOX 799 PICTON NSW 2571

www.wollondillyartsgroup.com.au

ABN: 17612808080

8TH September 2025

Notice of Wollondilly Arts Group Inc AGM 2024–2025

Dear Members & Friends,

The WAG Annual General Meeting will be held on Monday 22nd September 2025 11:00AM at the Buxton Community School of Arts Hall, 24 West Parade, Buxton.

This is an opportunity for all WAG members to decide on the office bearers for our group for the coming year. Executive positions include:

President • Vice President • Treasurer • Secretary

In addition to the Executive, there are also at least 3 Ordinary Committee Members who assist with the work of the group in activities such as Newsletter, Publicity/Communications, Grant Applications, Fundraising and other such as Exhibitions, Markets, Workshops etc.

In order to nominate and vote you need to be a financial member of the Wollondilly Arts Group Inc. Please note membership fees are/were due 1st April 2025:

Single \$25, Family/Corporate \$40. For those who have joined since January 2025, your membership covers you till 31st March 2026.

Everyone else will need to renew their membership prior to the meeting.

Attached is a nomination form and a membership form for you to complete and return by Friday, 19TH September 2025 in preparation for the AGM to:

Wollondilly Arts Group Inc

c/o Secretary

PO Box 799

Picton NSW 2571

Late nominations/membership renewals can be received on the day. If more than one nomination for any position is received, there will be a vote to select the office bearer.

For more information or enquiries please do not hesitate to contact Janet on (02) 4681 8579 or email dcre8ive@bigpond.net.au

The current committee wishes to thank you for your ongoing support.

Kind regards

Your WAG Committee

(Wollondilly Arts Group Inc)

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ANNUAL GENERAL MEETING 2025

Management committee nomination form for 2025-2026

MEMBER NOMINATION:

I (insert your name).....a financial member of Wollondilly Arts Group Inc.,

Hereby nominate (insert name)

For the position of (*please tick*)

- | | |
|-------------------------------------|-----------------------------|
| • President (Committee Member) | • Ordinary Committee Member |
| • Vice President (Committee Member) | • Ordinary Committee Member |
| • Secretary (Committee Member) | • Ordinary Committee Member |
| • Treasurer (Committee Member) | |

on the Wollondilly Arts Group Inc. committee.

Signature Date.....

SECONDED BY;

Seconded bya financial member of Wollondilly Arts Group Inc.,

Signature Date.....

ACCEPTED BY;

Namea financial member of Wollondilly Arts Group Inc.,

Signature Date.....

OFFICE USE

•Accepted / declined at the AGM or Management Committee meeting of date:.....•

Check All member statements correct?



Wollondilly Arts Group Inc., (WAG) Membership Application

For all painters, potters, printmakers, woodturners, sculptors, photographers, leadlighters, leatherworkers, paper or textile artists and other creative souls.

The Wollondilly Arts Group aims to promote the arts and crafts in our community through networking, peer support, promotion, workshops and exhibitions.

Annual membership fees are:- Single: \$25 or Family: 2 x Adults and Corporate \$40. Payments may be made by mail, online, or at the monthly Creative Get Togethers for details contact:

The Secretary, Janet Dalton

Wollondilly Arts Group Inc.

P.O. Box 799 Picton NSW 2571

P1 - 0246818579

E - dcre8ive@bigpond.net.au

Bank Details: Macarthur Credit Union, BSB 802 388

Account No. 62408 Account Name: Wollondilly Arts Group. Transaction Info:

indicate for Membership (M) or Membership Renewal (MR): M or MR + your name

MEMBERSHIP FORM

Name:

Address:

Mailing address:

Date of birth:

Telephone: Mobile:

Email:

Skills:

(Please tick your preference)

- ☐ Please send me the WAG newsletter.
- ☐ I give permission for my contact details & skills to be available to WAG members.
- ☐ I give permission for my contact details & skills to be available to the public.
- ☐ I do not give permission for my details to be given out under any circumstances.

Signed: Date:

Membership N°:

Paid \$: (Single \$25 / Family \$40 / Corporate \$40)

Family members Name: Corporate Name:

Date joined: Receipt N°:

Received by: