

**EXPRESSION OF INTEREST
ZONE COORDINATOR ROLE
New South Wales -Australian Capitol Territory**

APPLICATION DETAILS (Please Print)

First Name: _____ Surname: _____

Postal Address: _____

Post Code: _____ Email Address: _____

Mobile Phone: _____ Home Phone: _____

Date of Birth: _____ Gender: _____

Employment Status: Self Employed Full Time Part Time Retired (Please circle which applies)

Details of the Zone you are interested in applying for:

Zone Name: _____ Zone Reference Number: _____

SUPPORTING INFORMATION

Are you a financial member of a GCA Affiliated Club/Group YES NO (Please circle which applies)

Name of Club: _____

Please tell us about roles you may have had within this GCA Affiliated Club/Group

President, Secretary, Treasurer, Other: _____

_____ Years of Membership etc.: _____

Please tell us about your Horticultural Experience: (Garden Clubs, Plant Fairs, Speaker etc.)

Please tell us about any other Community Involvement: (Scouts, Guides, Op Shops Meals on Wheels etc.)

Please attach any additional information/pages with this Expression of Interest

Thank you for expressing your interest in becoming a Zone Coordinator for GCA. Your participation is of great value. There are approx. 780 affiliated clubs across Australia in all States and Territories.

Please email your completed Form and Attachments to: nswactdirectorzones@gardenclubs.org.au

Prepared by:	Shirley Haslam	Document Status:	Final
		Review Date:	As required
Approved by:	Sue Mowle	Approver's Signature:	SM

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