

# **HISTORICAL SOCIETIES NETWORK COMMITTEE MEMBERSHIP**

## EXPRESSION OF INTEREST / NOMINATION FORM



Name of Community Group or Historical Society:

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Postal address for all correspondence:

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Postcode: \_\_\_\_\_

Email: \_\_\_\_\_ Phone No: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

Position in group/society: \_\_\_\_\_

**What is your group/society's connection to the City of Kingston?**

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**What role does your group/society play in history or heritage?**

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**Please provide any other relevant information in support of your application.**

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**Please confirm the following (please tick):**

- We agree to the 'Terms of Reference – Historical Societies Network Committee'
- We will agree to the 'Code of Conduct' protocols as set by the City of Kingston.
- We will actively participate in the Historical Societies Network Committee in a positive and supportive way that underpins the guidelines.
- We agree to the meeting and attendance requirements as outlined in the Terms of Reference.

Date: \_\_\_\_\_

Nominee's name (on behalf of your group/society): \_\_\_\_\_

Nominee's signature: \_\_\_\_\_