

BUDDHIST COUNCIL OF QUEENSLAND INC. (IA29696)



*An Umbrella Organization Representing Buddhists and
Buddhist Groups And Institutions In Queensland* ABN 69 825 774 318

-- Affiliated Member of the Federation of Australian Buddhist Councils Inc. --
Postal Address. P.O. Box 4510, Loganholme DC, Queensland, 4129 Australia

Phone: 0422 819 379 Fax: 07 3366 7388
Email: buddhist_council@hotmail.com Web: www.buddhistcouncilofqueensland.org



NOTICE OF 2008 ANNUAL GENERAL MEETING

Greetings in the dharma.

Please note that our forthcoming Annual General Meeting, scheduled for **Saturday, May 10, 2008** is to take place at **Karuna Hospice Services** at **27 Cartwright Street, Windsor**, at **10:30 am** in their Mandala Room, and thanks to their generous and kind support.

All practicing Buddhists, individually, as a family group (*of 2*) and Centre communities (*3 per Centre*) are all welcome and encouraged to become members of the Council. Financial members are eligible* for election to the Management Committee and to vote on the election of the committee and all other Council matters.

* Note: members of the Management Committee are required to hold a current CCYPCG Blue Card.

The Agenda for this Annual General Meeting is-

- o To receive the President's Report for 2007 (copy enclosed)
- o To receive and approve the audited Financial Reports and Expenditure for 2007
- o To elect the new Management Committee for 2008
- o To discuss any other business relating to the Council.

The outgoing Committee comprises:

| | | | | |
|-------------------------------|----------------------|------|-------------------------|----|
| Jim Ferguson – President | Meeting Attendance – | 100% | Other Representations – | 14 |
| Kim Hollow – Treasurer | | 100% | | 7 |
| Rachel Hannam – Secretary | | 80% | | 1 |
| Maeve Hollow – Asst Secretary | | 100% | | 2 |
| Chee Weng – Member | | 80% | | 3 |
| Jenny Le Neveu – Member | | 75% | | 2 |
| David Wee – Member | | 60% | | 2 |
| Donna Imeri – Member | | 20% | | 2 |

Please note: Membership for 2008 has been reduced to just \$5 per person and \$10 per Centre.

To renew or join the Council, your payment must be received no later than 5pm Friday, May 9 and either by post or by direct deposit to the Council's Commonwealth Bank a/c (details overleaf), the enclosed Remittance Advice **AND** a completed Membership Application Form with the details of your nominated members and other information that can be incorporated into our website (if offered as a dharma centre) **AND** if you are not able to attend the AGM in person, your completed Proxy Voting Form (1 per person), which is also enclosed.

If you would like to also make a donation to towards the Council's activities, this will also be warmly welcomed and any Letters of Support you may care to enclose (a sample is on the website).

If paying by direct deposit, please provide the reference number on the remittance advice to aid in identifying your payment.

With metta and O Mi Tofo – *Jim Ferguson, President.*

2008 ANNUAL GENERAL MEETING – PROXY VOTING FORM (may also be used as a postal vote) – **Buddhist Council of Queensland Inc.**

I, _____ a financial member of the Buddhist Council of Queensland Inc. and eligible to vote at this election, give my Proxy Vote to the financial member _____ to vote on my behalf, AND / OR to cast my for the following positions on the Management Committee for 2008:

| <i>Nominee</i> | <i>President</i> | <i>Treasurer</i> | <i>Secretary</i> | <i>Member</i> | <i>Any</i> |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Jim Ferguson | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Kim Hollow | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rachel Hannam | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maeve Hollow | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chee Weng | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| David Wee | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Jenny Le Neveu | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Donna Imeri | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Signed by _____ Date: ___ / ___ / 2008

Witnessed by: _____ Print Name: _____
cut.....cut.....

2008 ANNUAL GENERAL MEETING – PROXY VOTING FORM (may also be used as a postal vote) – **Buddhist Council of Queensland Inc.**

I, _____ a financial member of the Buddhist Council of Queensland Inc. and eligible to vote at this election, give my Proxy Vote to the financial member _____ to vote on my behalf, AND / OR to cast my for the following positions on the Management Committee for 2008:

| <i>Nominee</i> | <i>President</i> | <i>Treasurer</i> | <i>Secretary</i> | <i>Member</i> | <i>Any</i> |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Jim Ferguson | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Kim Hollow | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rachel Hannam | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maeve Hollow | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chee Weng | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| David Wee | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Jenny Le Neveu | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Donna Imeri | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Signed by _____ Date: ___ / ___ / 2008

Witnessed by: _____ Print Name: _____

2008 BCQ MEMBERSHIP – REMITTANCE ADVICE

From (*Individual/Family or Centre Name*): _____

Street Address : _____

_____ Postcode: _____

Postal Address (if different): _____

_____ Postcode: _____

Daytime Telephone Contact No. _____ Fax No.: _____

Email Address: _____

Contact Person: (*Given Name*) _____ (*Family Name*) _____

Cheque, payable to: **The Buddhist Council of Queensland Inc.** is enclosed, ***or***

Direct deposit to: Commonwealth Bank (BSB: 064-121 Account No. 1012-0178) **

Centre Membership (maximum of three Individuals) .. \$10.00

Individual (single) Membership \$ 5.00

Family Membership (two person – family unit) \$10.00

And if you would like to offer a donation to our activities \$ _____

Please remember to attach the completed **Membership Form** and any additional information you would like to have featured on the Council's website. If you have such information already in electronic format, it can be emailed directly to jimferguson1@bigond.com for inclusion.

Please also remember to also include your Proxy Vote if you are unlikely to attend the AGM in person.

Please post your information, etc. to P.O. Box 4510, Loganholme DC Qld. 4129 or fax to 3366 7388 if just sending information and forms

** Note: If remitting electronically, please state the date on which it was made and the amount. Please make a copy of this for your own records and return this with your completed forms and remittance:

Date Paid: ____/____/2008 Reference: _____ Amount: \$ _____

2008 MEMBERSHIP APPLICATION / RENEWAL FORM

– Buddhist Council of Queensland Inc.

Please note that if joining as an individual, and if the remittance advice has been completely filled out, you only need to complete your name, address and the declaration belowthank you.

Centre (or Family) name: _____

Street Address: _____ Incorporation No. _____

_____ Postcode _____

Postal Address (if different) : _____ Postcode _____

Contact Person (e.g. Secretary) –

Family Name: _____ Other Names: _____

Daytime Phone No. _____ After Hours: _____ Fax No. _____

Email Address: _____

Your Centre Information -

Buddhist Tradition: _____ Years Operating in Qld.: _____ yrs

Affiliations (if any): _____

Spiritual Head / Director: _____

Resident Teacher/s (if any): _____

Main language/s of teachings: _____ English Teachings: Yes / No

Temple seating capacity: _____ Number of members: _____ Open Hours: _____

Your Council Member Representatives –

1: Family Name: _____ Other Names: _____

Daytime Phone No. _____ After Hours: _____ Fax No. _____

Email Address: _____

2: Family Name: _____ Other Names: _____

Daytime Phone No. _____ After Hours: _____ Fax No. _____

Email Address: _____

3: Family Name: _____ Other Names: _____

Daytime Phone No. _____ After Hours: _____ Fax No. _____

Email Address: _____

Your Teaching / Community program – for inclusion on the Council’s website directory-

Declaration –

I/We declare that I, or this Centre/Family group, endorse and support the Buddhist traditions and philosophy, the Constitution and the objectives of the Buddhist Council of Queensland in helping represent Buddhism generally.

Print Name: _____ Signed: _____ Dated: ____/____/2008