|  |  |  |  |
| --- | --- | --- | --- |
| **Given Name** |  | **Surname** |  |
| **Address** |  | **Post Code** |  |
| **Mobile/ other** |  | **Email**  |  |
| **Membership** (affiliated Club or SSNA) **ID** |

|  |  |  |  |  |
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| **Position nominating for** (please tick) | **Executive** |  | **Committee** |  |

**List Positions**

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**Qualifications to be listed or attached**

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**Please include a short summary of your interest and reasons for accepting nomination for this/these position/s**

**Nominated by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Club/Life Member**

**Seconded by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Club/Life Member**

**I hereby accept the said nomination**

|  |  |
| --- | --- |
| **Signature**  | **Date** |

Please return completed form to nominations@ssna.asn.au