



Committee Nomination Form

Full Name	
Address & Phone No	
Position Applied For	<input type="checkbox"/> - Chairman <input type="checkbox"/> - Vice-Chairman <input type="checkbox"/> - Secretary & Treasurer <input type="checkbox"/> - Committee Member
I declare that all particulars above are correct	Signature: Date:

Proposed by:	Seconded by:
Name	Name
Address:	Address:
Signature:	Signature:

This form must reach the Club Secretary by the date stated on the notice of AGM.

