EXECUTIVE & COMMITTEE NOMINATION FORM

Given Name		**Surname**	
Address		**Post Code**	
Phone		**Email**	
Mobile			

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

List Positions

Qualifications to be listed or attached

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 info@ssna.asn.au