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I wish to nominate: _____

For the position of: (please circle)

- President
- Vice President
- Secretary
- Treasurer
- Member of Management Committee

Proposer:		
	(Members Full Name)	
Signature		
	Date	
Secunder:		
	(Members Full Name)	
Signature		
	Date	
Nomination accepted by:		
	(Members Full Name)	
Signature		
	Date	

PLEASE NOTE THAT THE NOMINEE AND THOSE NOMINATING MUST BE FULL FINANCIAL MEMBERS OF SCBWN

Please return this Nomination Form to: secretary@scbwn.org.au

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