



Over 55 Walking Association Incorporated

ABN 89 024 968 604

www.over55walkingassociation.org.au

NOMINATION FOR PLACE ON COMMITTEE

This nomination form must be completed and handed to the Secretary at least 14 days(2 weeks) before the A.G.M. If only one nomination for a position is received, the person nominated will be declared duly elected.

1.THE NOMINATION (to be completed by the NOMINATOR

I,.....

Being a financial member of the Association for this season, hereby wish to nominate the following person

.....

For the position of

Signature of NominatorDate:/...../.....

2.NOMINATION SECONDED BY(to be completed by the SECONDER)

I,.....

Being a financial member of the Association for this season, hereby second this nomination

Signature of SeconderDate:/...../.....

3.ACCEPTANCE OF NOMINATION (to be completed by NOMINATED member)

I,.....

Being a financial member of the Association for this season, hereby agree to accept the nomination for the position of

.....

Signature of Nominated MemberDate:/...../.....

4.For office use only

RECEIPT OF NOMINATION BY ASSOCIATION

I hereby acknowledge the receipt of this completed Nomination Form atam/pm on...../...../.....

and I have checked the membership register and confirm that the above information is correct.

Signature of Membership officerDate:/...../.....