**NOMINATION FOR APPOINTMENT TO ASLSC EXECUTIVE/BOARD or MANAGEMENT COMMITTEE POSITION**

This Nomination Form and any support statement prepared by the Nominee must be received at the registered office of Anglesea Surf Life Saving Club by

**21 July 2019 closing at 5.00pm**

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| NOMINATION FOR POSITION OF: |  |
| NOMINEE'S NAME: (in block letters) |  |
| ADDRESS: |  |
| CONTACT: Home  Business  Mobile |  |
| EMAIL: |  |
| PROPOSER'S NAME (in block letters)  Must be entitled to vote under Rule 8.2 of the ASLSC Constitution |  |
| PROPOSER'S SIGNATURE |  |
| SECONDER'S NAME (in block letters)  Must be entitled to vote under Rule 8.2 of the ASLSC Constitution |  |
| SECONDER'S SIGNATURE |  |

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| **ACCEPTANCE OF NOMINATION**  I accept the nomination for the position of noted above and if elected, I consent to act as a director of Anglesea Surf Life Saving Club, agree to carry out all duties of the position to the best of my ability and understand that once elected, I will be required to sign a confidentiality agreement with Anglesea Surf Life Saving Club and undergo a criminal history and Working with Children check. | |
| NOMINEE'S SIGNATURE |  |
| DATE |  |

The Nominee is encouraged to attach a support statement of no more than 150 words.

**OFFICE USE ONLY**

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| DATE OF RECEIPT IN OFFICE |  |
| RECEIVED BY (Print Name) |  |