

Men's Netball New South Wales

Committee Nomination Form 2021

Nominee details	Name			
	Address			
	Phone			
	Email:			
Committee position (please indicate which position(s) you are nominating for)	President		Vice president	N/A
	Treasurer		Secretary	N/A
	Public officer		Ordinary committee member	
Possons for nominating				
Reasons for nominating (if more space if needed please				
include as an attachment)				
Member endorsement	Member 1		Member 2	
for nomination (In order for your nomination to be	Member 1			
for nomination	Member 1 Signature of member		Member 2 Signature of member	
for nomination (In order for your nomination to be valid it needs to be endorsed by 2				
for nomination (In order for your nomination to be valid it needs to be endorsed by 2		 letters)		
for nomination (In order for your nomination to be valid it needs to be endorsed by 2	Signature of member	se the nominee for	Signature of member	
for nomination (In order for your nomination to be valid it needs to be endorsed by 2	Signature of member Name of member (block By signing this form I endors	se the nominee for	Signature of member Name of member (block letters) By signing this form I endorse the no	
for nomination (In order for your nomination to be valid it needs to be endorsed by 2	Signature of member Name of member (block By signing this form I endors	se the nominee for	Signature of member Name of member (block letters) By signing this form I endorse the no	
for nomination (In order for your nomination to be valid it needs to be endorsed by 2 current members of MNNSW)	Signature of member Name of member (block By signing this form I endors	se the nominee for	Signature of member Name of member (block letters) By signing this form I endorse the no	
for nomination (In order for your nomination to be valid it needs to be endorsed by 2 current members of MNNSW)	Signature of member Name of member (block By signing this form I endors the committee position(s) in Signature of member	se the nominee for ndicated above.	Signature of member Name of member (block letters) By signing this form I endorse the no the committee position(s) indicated a	above.
for nomination (In order for your nomination to be valid it needs to be endorsed by 2 current members of MNNSW) Signature of nominee	Signature of member Name of member (block By signing this form I endors the committee position(s) in Signature of member By signing this form I confirm	se the nominee for ndicated above. 	Signature of member Name of member (block letters) By signing this form I endorse the no the committee position(s) indicated a Date nominate for the committee position(s)	above.
for nomination (In order for your nomination to be valid it needs to be endorsed by 2 current members of MNNSW)	Signature of member Name of member (block By signing this form I endors the committee position(s) in Signature of member By signing this form I confirm	se the nominee for ndicated above. m that I am eligible to I leted nomination for nail.com. Your comp	Signature of member Name of member (block letters) By signing this form I endorse the no the committee position(s) indicated a Date nominate for the committee position(s) rm to the Secretary of MNNSW at leted form must be returned at leas	above.