

**SHOALHAVEN BASKETBALL ASSOCIATION INC  
ANNUAL GENERAL MEETING 2016**

**Board Nomination Form**

**NOMINEE** \_\_\_\_\_  
**Full Name**

**FOR POSITION OF** \_\_\_\_\_  
**Chairperson, Financial Director or  
Board Member (please select an  
option)**

**NOMINATOR** \_\_\_\_\_  
**Full Name and Signature**

**SECONDER** \_\_\_\_\_  
**Full Name and Signature**

**Do you hold a position with a National Sporting  
Organisation (ie. Basketball Australia) or with BNSW?  
YES/NO Please circle**

**DECLARATION:** I accept my nomination for the above  
position and subscribe to the principles of open communication,  
honest and enterprising behaviour and good administrative  
teamwork.

**SIGNATURE** \_\_\_\_\_  
**DATE** \_\_\_\_\_

Please Note:

- All nominators and seconders must be registered members of Shoalhaven Basketball Association Inc. and be 18 years of age or more at the time of nomination.
- Nominations close Friday 15 April 2016 at 5:00pm.
- Nominations can be posted to:-  
Shoalhaven Basketball  
PO Box 2021  
Bomaderry 2541  
OR hand delivered to stadium office.