



COMMITTEE NOMINATION FORM 2020

As a financial member of the association (club), I hereby nominate

	(Surname)						
of							
(Private address)							
Contact Phone No:							
for the position/s of*							
President	□ Treasurer						
☐ Vice President	Committee Member						
□ Secretary	□ Other						
for Committee Member of AFL Townsville Masters, for Annual General Meeting.	or which the results of any election will be declared at the						
Proposer's name	Dated						
Signature of Proposer	Contact Phone No						

Seconded by:	. Dated
Signature of Proposer	.Contact Phone No

ACCEPTANCE:

I hereby accept nomination for the above position(s). I agree to abide by the following conditions:

• As an elected Committee Member, I will agree to follow the regulations of the Model Rules governing the operation of AFL Townsville Masters.

• If my nomination is accepted I agree to be supportive of the policies and operational guidelines of AFL Townsville Masters and AFL Masters Queensland.

• I understand that committee members are required to respect the confidentiality of information made available to the Club and its members during business and shall not divulge such information to third parties without express approval of the Club.

Siar	ature	of Nomi	nee:	 	 	 	Dated.	
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The nomination is to be signed by the proposer and seconder and lodged with the Club Secretary 7 days prior to the starting time of the AGM.

If the number of nominations exceeds the number of vacancies, ballot sheets shall be prepared and distributed at the AGM. If insufficient nominations are received nominations may be called for from the floor.*Indicate by crosses in the applicable boxes all positions for which this nomination applies. The election for each position will be in the order given above and, once a nominee is successful; all nominations for positions lower on this list will lapse.