

WESTERN PORT BASKETBALL ASSOCIATION

Office Address: 1475 Frankston Flinders Rd, Tyabb 3913

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Form of Nomination Of A Candidate For Election As An Officer Of The Association Or As An Ordinary Member Of The Committee

I _____ as a member of the
Association nominate _____ for the
position of _____ on the Committee.

.....

(Signature of Applicant)

.....

(Date)

I _____ as a member of the
Association second the nomination of _____ for the
position of _____ on the Committee.

.....

(Signature of Applicant)

.....

(Date)

I _____ as a member of the
Association and the above mentioned nominee accept the nomination for the position of
_____ on the Committee.

.....

(Signature of Applicant)

.....

(Date)

I _____ as Secretary of the Association have
received this form on the _____ day of _____ in the
year _____.

.....

(Signature)