



## Umina Surf Life Saving Club Inc.

### Directors Nomination form

**Date:** \_\_\_\_\_ **Season:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Tel: Hm** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Position nominated for:** \_\_\_\_\_

**Previous Experience or Qualifications:**

\_\_\_\_\_  
\_\_\_\_\_

**Seconded by:** \_\_\_\_\_

Print name (Must be a current club member)

**Signature:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

**Date received:** \_\_\_\_\_

**Current financial member:** Yes / No (Must be financial at AGM)

**Endorsed at AGM:** Yes / No

**\* Please Note: All written nominations to be received 7 days prior to AGM**