



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