



**Umina Surf Life Saving Club Inc.**

**Position 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**