

PO Box 6906 TWEED HEADS SOUTH NSW 2486 E: The Secretary info@tweednetball.com

## **EXECUTIVE POSITION NOMINATION FORM**

		OF
	(Nominees Name)	
	NET	BALL CLUB
IS	HEREBY NOMINATED FOR THE POSITION OF (please ti	ck)
WITH TWE	ED NETBALL ASSOCIATION INCORPORATED FOR 20	SEASON
NOMINEES RELEVA	NT QUALIFICATIONS AND EXPERIENCE:	
		_
NOMINATED BY:	(Name & Club)	
SIGNATURE	(Name & clas)	
SIGNATORE		
SECONDED BY:	(Name & Club)	
SIGNATURE		
NOMINEE'S ACCEPT SIGNATURE	ГАNCE 	
DATE:		
Office Use: Nomina	tion received by: Date:	