

Nomination Form

Athletics Victoria Board of Directors



NOMINATED POSITION: BOARD MEMBER

Full Name	<input type="text"/>		
Address	<input type="text" value="Street Address/PO Box"/>	<input type="text" value="Suburb/Town"/>	Postcode <input type="text"/>
Telephone	<input type="text"/>		
Club	<input type="text"/>		

DETAILS OF PROPOSER

Full Name	<input type="text"/>		
Address	<input type="text" value="Street Address/PO Box"/>	<input type="text" value="Suburb/Town"/>	Postcode <input type="text"/>
Telephone	<input type="text"/>		
Club	<input type="text"/>		
Signature	<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	

I, _____ hereby accept the nomination for the above position.

Signature	<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	
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Closing date of application is Monday 23rd June 2014 5:00pm

Send application to: Athletics Victoria
31 Aughtie Drive,
Albert Park VIC 3206

Email: info@athsvic.org.au
Fax: 03 8646 4550