

Nomination Form

Athletics Victoria Committee



NOMINATED POSITION: COMMITTEE

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" 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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Nominations close 5.00pm Wednesday 3rd July 2019

Send application to:

Athletics Victoria
31 Aughtie Drive,
Albert Park VIC 3206

Email: glenn@athsvic.org.au
Fax: 03 8646 4544