

# 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 30th June 2021**

**All nominations MUST include a resume from the nominee detailing their experience and skill set**

Email: [glenn@athsvic.org.au](mailto:glenn@athsvic.org.au)