



SabrinReach4Life.Inc
GPO Box 1597
Darwin NT 0820
Mob: 0491 311 211
info@sabrinreach4life.com.au

"Keeping health in mind – its everyone's business"

ABN: 55102185422

NOMINATION FORM - MANAGEMENT COMMITTEE

TO BE COMPLETED BY 1 NOMINATOR AND 1 SECONDER (Please PRINT)

I, being a **current financial member** of
hereby nominate:

.....
(Given Names) (Family Name)

as a candidate for the election of: (Please tick the appropriate box(es) below):

<input type="checkbox"/> President/Chair	<input type="checkbox"/> Vice President/Chair	<input type="checkbox"/> Secretary
<input type="checkbox"/> Treasurer	<input type="checkbox"/> Committee Member (6 positions)	

.....
(Name of Nominator) (Signature of Nominator) Date

I, being a **current financial member** of
hereby second the nomination.

.....
(Name of Seconder) (Signature of Seconder) Date

TO BE COMPLETED BY NOMINEE (Please PRINT)

I Signature Date.....
(Given Names) (Family Name)

being a **current financial member** of
hereby consent to the nomination.

NOTES