



COMMITTEE NOMINATION FORM

NOMINATIONS CLOSE - Time:

Date:

NOMINATED:

I, _____, as a financial, voting member of the Falcon GT Club of Canberra Inc, hereby nominate _____ for the position of

(mark one box only):

- | | | | |
|------------------------------------|---|---|------------------------------------|
| <input type="checkbox"/> President | <input type="checkbox"/> Vice President | <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Webmaster | <input type="checkbox"/> Events Manager | <input type="checkbox"/> Registrar/Public Officer | |

Signed: _____ Membership no: _____ Date: ____/____/____.

SECONDED:

I, _____, as a financial member, voting member of the Falcon GT Club of Canberra Inc, second the above nomination.

Signed: _____ Membership no: _____ Date: ____/____/____.

ACCEPTED:

I, _____, as a financial, voting member of the Falcon GT Club of Canberra Inc, accept the above nomination.

Signed: _____ Membership no: _____ Date: ____/____/____.

Rules for Nomination:

1. All nominations must have written consent of the nominee.
2. A nominee can nominate themselves.
3. nominations can be either:
 - a. delivered personally at the Meeting Venue, or
 - b. emailed to secretary@falcongclubact.com.au