

Limbkids Support Association Inc

Position Nomination

Please complete this form and return it to:-

The Secretary, Limbkids Support Association Inc, P.O. Box 244 West Burleigh. Qld 4219 or email it to secretary@limbkids.asn.au. Multiple nominees for any one position will be chosen by popular vote.

PERSONAL NOMINATION

I, _____ (full name) wish to nominate for the following position.

SECOND PARTY NOMINATION – Re-elect or nominate person other than myself.

I, _____ support the nomination of _____ (insert nominee) for the following position.

Signature of Nominator

Date

Position (Circle/tick one):

- President
- Vice President
- Treasurer
- Secretary
- Music Library Co-ordinator
- Committee Member

Nominee Acceptance

I accept the nomination for the above-mentioned position, and agree to abide by the constitution of Limbkids Support Association Inc (here-in after referred to as “the Association”), and to carry out position duties in accordance within the guidelines of the Association and in accordance with applicable by-laws, and to act in a manner so as to protect the interests of the Association, it’s officials, and it’s members.

Signature of Nominee

Date