



# SPORT CLIMBING NSW/ACT

ABN 95 831 733 551

## SCNSW/ACT BOARD NOMINATION FORM

YEAR: \_\_\_\_

I (full name) ..... of (address)

.....

Member number .....

would like to nominate for the position of (circle one)

**Ordinary Board Member    President    Vice-President    Treasurer    Secretary**

As per the SCNSW/ACT Constitution, a nomination for the Board must have the signed endorsement of two current SCA or SCNSW/ACT members

**Endorsing Member #1**

**Endorsing Member #2**

Name: ..... Name: .....

Member number: ..... Member number: .....

Signature: ..... Signature: .....

Date: ..... Date: .....

I understand that as part of my commitment to the Board of SCNSW/ACT that I will be expected to undertake the duties required of this position for a 12 month period.

Signature ..... Date .....

The completed form must be received by the Secretary prior to the AGM

Email: [secretary@sportclimbingnswact.org.au](mailto:secretary@sportclimbingnswact.org.au)

In person: Hand to any current Board Member