**Randwick Netball Association**

**Executive Committee Nomination Form**

**NO HANDWRITTEN FORMS WILL BE ACCEPTED**

|  |  |  |  |
| --- | --- | --- | --- |
| **Nominee’s Name** |  Click or tap here to enter text. | **Date** |  Click  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Phone/Mobile** |  Click  | **Email** |  Click or tap here to enter text.  |

|  |  |
| --- | --- |
| **Club** |  Click or tap here to enter text. |

***Please click on the position nominating for below***

***Executive Committee Positions***

[ ]  **President** [ ]  **Senior Vice President** [ ]  **Junior Vice President**

[ ]  **Secretary** [ ]  **Assistant Secretary** [ ]  **Treasurer**

[ ]  **Assistant Treasurer** [ ]  **Umpires Co-ordinator** [ ]  **Coaching Co-ordinator**

[ ]  **Senior Convenor** [ ]  **Junior Convenor** [ ]  **Minutes Secretary** [ ]  **Senior Competition Co-ordinator** [ ]  **Junior Competition Co-ordinator**

[ ]  **Netball Nsw Delegate**

|  |  |  |  |
| --- | --- | --- | --- |
| **Nominated by** |   | **Phone/Mobile** |   |

|  |  |
| --- | --- |
| **Club/Life Member** |   |

|  |  |  |  |
| --- | --- | --- | --- |
| **Seconded by** |   | **Phone/Mobile** | Click  |

|  |  |
| --- | --- |
| **Club/Life Member** |   |

***Please note: This form is to be filled out electronically and saved as a Word Document and returned to the email address at the bottom. The signature will be accepted as an electronic signature in accordance with legal principles***

 ***(typing your name in the spaces provided below is sufficient)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Nominator’s Signature** |   | **Date** |   |

 ***(typing your name in the spaces provided below is sufficient)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Seconder’s Signature** |   | **Date** |   |

 ***(typing your name in the spaces provided below is sufficient)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Nominees Signature** |   | **Date** |   |

***Please continue to next page***

***Club Secretary Contact Details***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |   | **Phone/Mobile** |   |

***Please enter Qualifications below***

|  |
| --- |
|   |

 **Please Return Form to the Returning Officer: judyfloyd1956@hotmail.com**

before 5pm Sunday, 11 October 2020 - 10 days before the

Annual General Meeting in accordance with the RNA Constitution.