



AUSTRALIAN FLYBALL ASSOCIATION

AUSTRALIAN FLYBALL ASSOCIATION INC.
PO Box 4179
Pitt Town NSW 2756

www.flyball.org.au

ABN: 43 412 687 992

Nomination Form for the Committee of the AFA Inc. for 2016/2017

I \_\_\_\_\_ Member Number \_\_\_\_\_
(Please Print Full Name of AFA Member Making the Nomination)

Nominate \_\_\_\_\_ for the position of \_\_\_\_\_
(Please Print Full Name of the Nominee)

(Nominated Position as listed below. Please nominate what state you wish to represent if nominating for a Regional Representative position)

On the committee of the Australian Flyball Association Inc.

Signature: \_\_\_\_\_
(AFA Member Making Nomination)

Positions Available (circle position you are nominating for):

President Vice President Secretary Treasurer General

7 positions of Committee Member (each member will be required to undertake nominated functions - these are assigned by Committee after election).

Regional Representatives: ACT NSW QLD VIC SA TAS

Nominees Supporting Statement: (include current club, flyball experience, why you want to be on the committee etc)

Seconded by \_\_\_\_\_ Member Number \_\_\_\_\_
(Please Print Full Name of Seconding AFA Member)

Signature: \_\_\_\_\_

I \_\_\_\_\_ Member Number \_\_\_\_\_
(Please Print Full Name of Nominated AFA Member)

Assent to my nomination for appointment to the above position on the AFA Committee and will abide by the AFA Constitution and the AFA Rules & Policies.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_
(Nominated AFA Member)

Nomination Forms must be received by mail addressed to The Returning Officer at the below address on or before Friday 5th August 2016.

The Returning Officer, Australian Flyball Association Inc., PO Box 4179 Pitt Town NSW 2756