



Director Nomination Form Annual Election 2009

I nominate the following member as a candidate for election to the position of Director

Full name of candidate:

Address:

Phone:

Fax:

Email:

Name of nominator (must be a member)	Address	Signature
1.		/ /

The Nomination must be signed by a Councillor of a State Association

Name of Councillor	Address	Signature
1.		/ /

NOMINEES PLEASE NOTE – extract from PAA Constitution 22. (a) (ii)

Nominees for Elected Director positions on the Board must declare any position they hold in a State Association, including as an office bearer, director or a paid appointee. If the nominee is elected they must resign from any such position in the State Association (including as a Councillor) within three months of being elected to the Board.

Please list any positions you currently hold

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Agreement of candidate

I agree to be nominated as a candidate and if elected will undertake the duties of the position.

Please find as an attachment a brief Curriculum Vitae (Resume) - typed description of my experience relevant to the Position of Director of Polocrosse Association of Australia.

Signature of candidate:

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This form must be Posted and received by the returning officer by Close of Business 24 April 2009.

The National Executive Officer

Polocrosse Association of Australia

PO Box 464

YASS NSW 2582

Fax: (02) 6227 1514