



Director Nomination Form

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

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|-------------------------|--|
| Full name of candidate: | |
| Address: | |
| Phone: | |
| Fax: | |
| Email: | |

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

| Name of Councillor | Address | Signature | Date |
|--------------------|---------|-----------|------|
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NOMINEES PLEASE NOTE – extract from PAA Constitution 21.2

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| <p>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.</p> <p>Please list any positions you currently hold.</p> |
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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 (CV) - typed description of my experience relevant to the Position of Director of Polocrosse Association of Australia Inc.

I am a financial member of the Polocrosse Association of Australia *(please tick box to confirm)*

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|-------------------------|------|
| Signature of candidate: | Date |
| | |

This form must be received by the National Executive Officer by Close of Business 29th February 2020.

The National Executive Officer
Polocrosse Association of Australia Inc

74 Holywell Road Guyra NSW 2365

or by

Email: neo@polocrosse.org.au