

**Sydney Marathon Clinic AAC Inc.**

**NOMINATION FORM**

I, the undersigned, being a Voting Member of Sydney Marathon Clinic AAC Inc. hereby nominate for appointment as a member of the club Committee for the position of .....  
(e.g *President, Treasurer, Vice President, Secretary, General Committee Member* )

**Name of NOMINEE:**

Mr/Mrs/Miss/Ms: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Name of NOMINATOR:** \_\_\_\_\_

Signature of Nominator: \_\_\_\_\_

Date: \_\_\_\_\_

**Name of SECONDER:** \_\_\_\_\_

Signature of Seconder: \_\_\_\_\_

Date: \_\_\_\_\_

**DECLARATION OF NOMINEE:**

I, \_\_\_\_\_ being a financial Voting Member of Sydney Marathon Clinic AAC Inc. agree to stand for election as a member of the Committee of Management for the position of .....  
(e.g *President, Treasurer, Vice President, Secretary, General Committee Member* )

Signature of Nominee: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE NOTE: ANY NOMINATION WILL BE INVALID IF ALL PERSONS NAMED HERE ARE NOT CURRENT MEMBERS OF THE CLUB.**

**Nominations close at 7.00 PM on:** 28<sup>th</sup> August 2017

**Email, Mail or Fax Nominations to:** The Secretary  
Email: secretary@sydney marathon clinic.org.au