



Yes, I am interested in nominating for the following position/s:

Executive:

- | | |
|---|---|
| <input type="checkbox"/> President | <input type="checkbox"/> Hearings Officer |
| <input type="checkbox"/> Vice President | <input type="checkbox"/> Secretary |
| | <input type="checkbox"/> Treasurer |

Committee:

- | | |
|---|---|
| <input type="checkbox"/> Mixed Competition Director | <input type="checkbox"/> Member Protection Officer |
| <input type="checkbox"/> Men's Competition Director | <input type="checkbox"/> Merchandise Coordinator |
| <input type="checkbox"/> Women's Competition Director | <input type="checkbox"/> Canteen Coordinator |
| <input type="checkbox"/> Junior Competition Director | <input type="checkbox"/> Assistant Treasurer |
| <input type="checkbox"/> Referee Director | <input type="checkbox"/> Mixed Competition Assistant |
| <input type="checkbox"/> Registrar | <input type="checkbox"/> Men's Competition Assistant |
| <input type="checkbox"/> Senior Rep Coordinator | <input type="checkbox"/> Junior Competition Coordinator |
| <input type="checkbox"/> Junior Rep Coordinator | <input type="checkbox"/> Junior Referee Coordinator |
| <input type="checkbox"/> Publicity Officer | <input type="checkbox"/> Rep Referee Coordinator |
| <input type="checkbox"/> Grants Officer | |

For all nominations for a position on the Dubbo Touch Association Committee, please complete details below. The nominee, nominator and seconder all must be financial members of Dubbo Touch.

I _____ accept nomination for the position of _____

Nominee's Address: _____

Mobile: _____ Email: _____

Signature of Nominee: _____

Nominated by: _____

Signature: _____

Nomination seconded by:

Signature: _____

Date of Nomination: _____

Please return form to info@dubbotouch.com by 5pm, Thursday 16 March 2023. Thank you for your interest in nominating for a position on the Dubbo Touch Association Committee, it is very much appreciated.