**CITY OF ECHUCA BOWLS CLUB INC**

**SUB- COMMITTEE NOMINATION FORM**

I wish to nominate………………………………..for the position of……………………………………………….

 *(Please print) Chairperson/Vice Chairperson / Secretary/*

*Sub Committee/Tournament secretary/Midweek-weekend selector/ Match committee*

 *Member*

Mover………………………………………………………..Seconded………………………………………………

 *(Please print) (Please print)*

Signed…………………………………………………. Signed…………………………………………………..

I accept the nomination………………………………………………………………………………….

 *(Signature of nominee)*

Only full financial members may be nominated. Nominations close 8TH July 2020

**BOARD NOMINATION FORM**

I wish to nominate………………………………..for the position of………………………………………………. *(Please print) President/Vice President / Secretary/Committee Member*

Mover………………………………………………………..Seconded………………………………………………

 *(Please print) (Please print)*

Signed…………………………………………………. Signed…………………………………………………..

I accept the nomination………………………………………………………………………………….

 *(Signature of nominee)*

Only full financial members may be nominated. Nominations close 8TH July 2020