

NOMINATION FORM STATE EXECUTIVE COMMITTEE

1		of
(Name o	f Mei	mber) (Name of Club)
Being a full member for the	past	twelve months would like to nominate:
(Name of Nominee)		
For the position of Presiden	t / Vi	ice President / Secretary / Treasurer (Please circle choice)
Signed		Seconded
1°	t Me	mber 2 nd Member
Dated/		
		NOMINEE DECLARATION
I am not/have not been:	1)	An undischarged bankrupt or my affairs are being managed under insolvency laws
	2)	Convicted of an offence in connection with the promotion, formation or management of a body corporate
	3)	Convicted of an offence involving fraud or dishonesty punishable on conviction by three months or more imprisonment
	4)	Convicted of an offence under Division 3 (the duties of officers provision) or section 127 (the duty with respect to incurring of debt) of the Act.
Signature of Nominee:		
By signing this declaration,	the	nominee accepts the nomination and conditions stipulated.

Please return the signed form by email to Secretary - **secretarydartlegendswa@gmail.com**By 11/10/2023