

# BOARD MEMBER (OFFICER BEARER) NOMINATION FORM



Name of Nominee: \_\_\_\_\_

Position nominated for: \_\_\_\_\_

Nominated by: \_\_\_\_\_ (name)

Seconded by: \_\_\_\_\_ (name)

The nominee confirms that at the time of this nomination, the following apply (please tick):

- I am a member of Wallan Basketball Incorporated.
- I am not a member of the RB Robson Stadium Committee of Management.
- I am not a committee/board member of another local sporting association or club.
- I confirm that I have read the Board Member Skills Matrix and Position Description and hold the requisite qualifications and/or knowledge to fulfil the position

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

Date / /

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

Date / /

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

Date / /