



CHARLESTOWN NETBALL ASSOCIATION INC.

www.charlestownnetball.com.au

Nomination Form – 2013 Executive Position Closing Date: 22 March 2013

Please indicate the position you wish to be nominated for.

Position: _____

NAME (block letters)

AFFILIATED CLUB.....

RESIDENTIAL ADDRESS

..... POSTCODE

TELEPHONE NO. (home) (work)

..... (mobile)

EMAIL:

Nominated by: Signature:

Seconded by: Signature:

I accept the nomination for the above position(s).

SIGNATURE OF NOMINEE

DATE:

Please attach relevant qualifications and other supporting documentation to this nomination

form and forwarded to:

THE SECRETARY
CHARLESTOWN NETBALL ASSOCIATION INC.
P.O. Box 471
CHARLESTOWN NSW 2290
Ph/Fax 02 4943 2805