WHITFORD AMATEUR FOOTBALL CLUB NOMINATION FORM

I, ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ wish to nominate for the position of

­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on the Whitford Amateur Football Club Committee.

I certify that I am eligible to be elected to the Committee in accordance with

* Aged eighteen (18) or over;
* A member of Whitford Amateur Football Club Inc
* Not disqualified from being an office holder of the committee under sections 39 and 40 of the Act; and
* Satisfy any eligibility requirement determined by the Committee from time to time.

Signed,

\_\_\_\_\_\_\_\_\_\_\_ 2020