



SSAA (NSW) Sydney Branch Inc.

**SCHEDULE 2
NOMINATION FOR COMMITTEE POSITION**

Return completed form to
PO Box 742, PENNANT HILLS NSW 1715

Name	
Membership Number	Expiry / /
Nominating Full Member	
Seconding Full Member	
Committee Position	
Nomination Date	
Restrictions Under Subclause 9.2.2*	

Proposal of Nomination

I confirm that the above person, who is a Full Member, is nominated by the above Full Member for the above Committee Position.

Signed: _____
(Signature)

Seconding of Nomination

I confirm that the above person, who is a Full Member, is seconded by the above Full Member for the above Committee Position.

Signed: _____
(Signature)

Statement by Nominee

As the person named above, I hereby accept nomination for the above position on the Committee and:

- a. declare that none of the restrictions listed in subclause 9.2.1 apply;
- b. declare that I have included* any restrictions listed in subclause 9.2.2 that apply; and
- c. submit the following statement in support of my nomination, including details of my qualifications, experience and expected contributions:

Signed: _____ Date: _____