



Nomination Form for the Position of NSW Snowsports Board of Directors – Annual General Meeting 25th of March 2015

Name of Nominee: _____

Address: _____

Email: _____

Contact Number: _____

Name of Nominator: _____

All signatories must be current SSA/NSW Snowsports Members (an SSA member with NSW as their nominated state).

Signature Date

Name of Seconder: _____

All signatories must be current SSA / NSW Snowsports Members (an SSA member with NSW as their nominated state).

Signature Date

Declaration

As a nominee for election to the NSW Snowsports, I declare that I am willing to accept the position of director if elected.

Signature Date

Nominations must be received at one of the following addresses **by Thursday 26th February 2015**, Close Of Business.

Return nomination form and attached CV to:

Executive Officer
NSW Snowsports
PO Box 934
Jindabyne NSW 2627

Fax : 02 4017 2436
email: info@nswsnowsports.com.au
(hard copy to be posted or faxed,
scanned email copies accepted)