

COFFS HARBOUR GAME FISHING CLUB INCORPORATED
ELECTION NOMINATION AND ACCEPTANCE

THIS FORM MUST BE LODGED WITH THE SECTION SECRETARY BY 20/06/2016

I (Full Name) _____

OF

Full Residential Address _____

Membership Number _____

HEREBY NOMINATE

Full Name _____

Residential Address _____

Contact Phone Number(s) _____

Membership Number _____

FOR THE POSITION(S) OF _____

Signature of Proposer _____ Date _____

SECONDER

Full Name _____

Full Residential Address _____

Membership Number _____

I (Full Name) _____

OF

Full Residential Address _____

Contact Phone Number(s) _____

Membership Number _____

**HEREBY ACCEPT THE NOMINATION
FOR THE POSITION OF** _____

Signature of Candidate _____ Date _____