

**KIRRA SURF LIFE SAVING CLUB
NOMINATION FOR OFFICE
SEASON 2024/2025**

NOMINATION FOR :

.....

(Position and/or Board or Committee)

NOMINEES NAME :

(Given Name) (Surname)

ADDRESS :

.....POSTCODE :

PHONE :(h).....(w)

E-MAIL :

PROPOSED BY :SIGNATURE

(please print)

SECONDED BY :SIGNATURE

(please print)

I,....., hereby agree to this nomination :

(nominees name – please print)

SIGNATURE ; DATE :

OFFICE USE ONLY					
SIGNATURE:			DATE RECEIVED		
FINANCIAL MEMBERS OF CLUB :	YES	NO	CYRM	YES	NO
WORKING WITH CHILDREN CHECK	YES	NO	ACCEPTED : (please circle) YES NO		