

Mullaloo Surf Life Saving Club

PO Box 119, Hillarys WA 6923
Phone (08) 9307 7766 • Fax (08) 9307 7769
www.mullaloosurf.com.au • e-mail: info@mullaloosurf.com.au



Family, safety, respect, excellence, integrity and unity

NOMINATION FORM

Date: / /

I, _____ (FULL NAME IN CAPITALS)

nominate _____ (FULL NAME IN CAPITALS)

for the position of: Director

Signature of Nominator _____

Name of Seconder _____ (PLEASE PRINT)

Signature of Seconder _____

DECLARATION BY NOMINEE

I, _____ accept the above nomination and understand that, if successful, I will be required to undergo a clearance process as outlined in the Surf Life Saving Australia (SLSA) *Member Safety and Wellbeing Policy 6.5*.

Signature of Nominee: _____

All Nominees are requested to provide a photograph and a short profile (not more than two A4 pages, including photograph) for circulation to members using the format provided below. No other documentation relating to the Nominee will be circulated to members.

Under the SLSA *Member Safety and Wellbeing Policy*, any member of the Board who does not provide a full Police Clearance to the President by the first Board meeting after their election will be suspended from office pending receipt of the clearance.

Nominations must reach the Administrator, Tracey Tenaglia (admin@mullaloosurf.com.au) or the Club office (PO Box 119, Hillarys, WA 6923) by **2pm, Friday 7 JULY, 2017**.

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Nomination Details

Position: Director

| | |
|-------------------------|--|
| Name | |
| Photograph | |
| Qualifications | |
| Experience (Summary) | |