

Shooting Australia
DIRECTOR NOMINATION FORM



NAME OF CANDIDATE:

ADDRESS:

..... P/CODE:

PHONE: HOME: BUSINESS:

MOBILE:

EMAIL:

Please complete and return;

-The Nomination Form for Directors (this form)

-A CV Based around the Shooting Australia Board Skills Matrix

-A completed SA Board Skills Matrix as utilised by the SA Board (Attached)

DECLARATION BY CANDIDATE

I hereby submit myself to the voting delegates for election to the Board of Directors of Shooting Australia. I confirm that I fully understand my responsibilities and the contributions I might be asked to contribute in the role of a Director of Shooting Australia.

SIGNATURE OF APPLICANT:

..... Date: / / 2018

SIGNATURE OF PERSON NOMINATING:

.....

NAME and POSITION (in block letters) OF PERSON NOMINATING:

(Please note that the person nominating must be the Representative of a Full Member appointed under clause 8.5 of the Australian International Shooting Limited Constitution or a Director of Shooting Australia)

Name:

Position / Organisation:

**This nomination form must be received at the office of
Shooting Australia
by close of business Thursday 18th October 2018**