

## **Toowoon Bay Surf Life Saving Club Inc**

## **Nomination Form**

Date:	Season:2024/25
Position Nominated For:	
Nominees Name:	
Nominees Signature:	
Nominees Email Address:	
Nominated By:	Signature:
Seconded By:	Signature:
Date Received:	
Financial Status: Must be a financial member of TBSLSC 2024/2025	Nominee? Nominator? Seconder?
Endorsed at AGM: Yes/No	Date of AGM: 21 July 2024
X All persons who have signed this nomination form r	nust be financial members of

**X** All persons who have signed this nomination form must be financial members of TBSLSC Inc for the 2024/2025 season.

lpha The completed form must be received to the office by Saturday 6<sup>th</sup> July 2024

Brief description of relevant experience and qualifications, which make you suited to the position you are applying for: (Please attach any relevant documentation)