PARRAMATTA DISTRICT RUGBY LEAGUE CLUB LIMITED

BOARD ELECTION NOMINATION AND ACCEPTANCE FORM

Club Name Parramatta District Rugby League Club

THIS FORM MUST BE LODGED WITH THE BOARD ELECTION RETURNING OFFICER

At (Address) Terry O'Brien
C/- Parramatta Leagues Club Limited
PO Box 2428, North Parramatta NSW 1750

By (Date and Time) 3:00 pm – Friday, 9 November 2012

I (*Full Name*) _____

OF

Full Residential Address _____

Contact Phone Number(s) _____

Membership Badge Number _____

HEREBY NOMINATE

Full Name _____

Full Residential Address _____

Contact Phone Number(s) _____

Contact Phone Number(s) _____

Membership Badge Number _____

FOR THE POSITION(S) OF

Signature of Proposer Date:

SECONDER

Full Name _____

Full Residential Address _____

Contact Phone Number(s) _____

Membership Badge Number _____

Signature of Seconder Date:

I (Full Name) _____

2 Eels Place Parramatta NSW 2150
Po Box 2666 North Parramatta NSW 1750
Phone: 02 8843 0300 Fax: 02 8843 0318

PIRTEK fluid transfer solutions

OF

Full Residential Address _____

Contact Phone Number(s) _____

Membership Badge Number _____

HEREBY ACCEPT THE NOMINATION FOR THE POSITION(S) OF _____

Signature of Candidate _____ Date: _____

Details of Candidates Experience & Qualifications

The information below will be provided to members to allow them to assess the relevancy of your candidature.

Under the Privacy Act, this Section is OPTIONAL

If you choose to complete this section, please print details set out below:

QUALIFICATIONS: *e.g. Accountant, Builder, Engineer, Teacher, Own Business, etc.*

EXPERIENCE: *e.g. Director of Club for 6 years*

SPECIAL RESPONSIBILITIES: *e.g. Member of Audit Committee etc.*

…….

Signature of Candidate

2 Grose Street Parramatta NSW 2150
Po Box 2666 North Parramatta NSW 1750
Phone: 02 8843 0300 Fax: 02 8843 0318