



Nomination Form for the Election of candidates as Officers of the Association or Ordinary members of the Committee

I, _____

Of _____

Am willing to accept the nomination to the Committee for the position of

In the event of my election, I agree to be bound by the rules of the Association for the time being in force.

Applicant's signature _____ Date : _____

.....

I, _____

a member of the Deaf Basketball Victoria, nominate the applicant named above for

the position of _____

Proposer's signature : _____ Date: _____

.....

I, _____

A member of the Deaf Basketball Victoria second the above nomination.

Seconder's signature : _____ Date : _____

CLOSING DATE FOR THIS FORM IS WEDNESDAY 14TH OCTOBER, 2009
Please forward to DBV c/o 18 MARKEY COURT, ALTONA MEADOWS, 3028 or
vicdeafball@yahoo.com.au