

Surf Life Saving New South Wales Nomination Form for SLSNSW Director Positions 2021-22, 2022-2023 & 2023-2024 Seasons

| Name: | |
|---|---------|
| Address: | |
| Email: | |
| Phone Number: | |
| Club: | Branch: |
| | |
| Upon signing this form, I understand I am nominating for an Unspecified Director position. | |
| I intend to also nominate for a Specified Director position (Deputy President) | |
| ☐ Yes | |
| □ No | |
| Please note that all positions are for a 2.5 year term, commencing November 2021 and ending May 2024. | |
| Nominee signature: | |
| Date: | |
| Branch Endorsement: | |
| Date | |

This form must be lodged with Branches COB Wednesday, 6 October 2021 and forwarded to the CEO of Surf Life Saving NSW (endorsed or otherwise) by COB Friday, 8 October 2021

Surf Life Saving New South Wales