Northern Beaches SUNS AFL Club Inc., P.O. BOX 753, DEERAGUN QLD 4818

COMMITTEE NOMINATION FORM 2023

| I hereby nominate | | | |
|-------------------------|---|--|--------|
| | (Given Names) | (Surname) | |
| Of | | | |
| | (P | rivate address) | |
| Contact Phone No: | | | |
| for the position/s of* | | | |
| ☐ President | | ☐ Secretary | |
| ☐ Vice President Senio | r | ☐ Committee Member | |
| ☐ Vice President Junior | | | |
| □Treasurer | | | |
| | of Northern Beaches SU Annual General Meeting. | NS AFL Club inc., for which the results of any ele | ection |
| Proposer's name | | Dated | |
| Signature of Proposer | | Contact Phone No | |
| Seconded by: | | Dated | |
| Signature of Seconder | | | |
| | | | |

ACCEPTANCE:

I hereby accept nomination for the above position(s) I AGREE TO ABIDE BY THE FOLLOWING CONDITIONS:

- I. As an elected Committee Member, I will agree to follow the regulations of the Model Rules governing the operation of Northern Beaches SUNS AFL Club inc..
- II. If my nomination is accepted I agree to be supportive of the policies and operational guidelines of Northern Beaches SUNS AFL Club inc. and AFL Queensland.

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| Ш | I understand that committee members are required to respect the confidentiality of |
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| | information made available to the Club and its members in the course of business, and shall not |
| | divulge such information to third parties without express approval of the Club. |

The nomination is to be signed by the proposer and seconder and lodged with the Club Secretary SEVEN days prior to the starting time of the AGM.

If the number of nominations exceeds the number of vacancies, ballot sheets shall be prepared and distributed at the AGM. If insufficient nominations are received nominations may be called for from the floor. *Indicate by crosses in the applicable boxes all positions for which this nomination applies. The election for each position will be in the order given above and, once a nominee is successful; all nominations for positions lower on this list will lapse.