



TENNIS WEST DIRECTORS NOMINATION FORM

The _____
[Full name of Tennis West Affiliated Body]

hereby nominate: _____
[Name of Nominee]

for the position of:

(please tick) Director (3)

of the Association for a two year period in accordance with Article 12.3 (e) of the Constitution

Nominator Name: _____

Signature : _____

Dated this: _____ day of _____ 2016

Secunder Name: _____

Signature : _____

Dated this: _____ day of _____ 2016

***Both Nominator and Secunder must be members of the above mentioned affiliated body.**

I hereby consent to the above nomination:

_____ (Signature of Nominee) Date: _____

Nominations close at 5:00pm on Monday 19 September 2016 and must be returned to:

Tennis West
PO Box 116
BURSWOOD WA 6100
emazza@tennis.com.au

OFFICE USE ONLY

Date Received:

SIGNED: