

TENNIS WEST DIRECTORS NOMINATION FORM

l,	, being a Registered Use	er of
		[Name of Tennis Club]
hereby nominate:		
nereby nominate.	[Name of Nominee]	
For the position of Director of Te	nnis West in accordance with Art	ticle 12.3 of the Constitution.
Signature of Nominator:		
Dated this:d	ay of	2020
	,	
Seconder Name:	, being a	Registered User of
[Name of Tennis Club]		
Signature :		
Dated this:	day of	2020
I hereby consent to the above no	omination:	
•		
	(Signature of N	lominee) Date:
I have attached the following o	documents in support of this no	omination:
CV of Nominee		
Nominee's Suitability Ag	ainst Criteria	
Nominations close at 5:00pm o	on Friday, 4 September 2020 ar	nd must be returned to:
Tennis West	Г	OFFICE USE ONLY
PO Box 116 BURSWOOD WA 6100	0 [Date Received:
mroberts@tennis.com	ı.au c	SIGNED: