



ACT Walking For Pleasure – NOMINATION FORM

Nominee:

I, _____
(Please print given and surname of NOMINEE) _____
(Signature)

accept the nomination for the position of

(Please insert title of the position)

NOTE: By accepting the nomination, you agree to having your name and contact details provided to the ACT Registrar-General of Associations if you are elected.

Proposer:

(Please print given and surname of PROPOSER) _____
(Signature)

Secunder:

(Please print given and surname of SECONDER) _____
(Signature)

Date: _____