

NOMINATION FORM

QUEENSCLIFF SURF LIFESAVING CLUB

I hereby nominate for one (or more) of the following roles of the QSLSC Board, Queenscliff Surf Lifesaving Club:

Role: _____

Role: _____

Role: _____

Name: _____

Phone: _____

Email: _____

In have read and understand obligations of members of the QSLSC Board and the role of the position(s) I am nominating for.

Signature: _____

Date: _____

Please return this form to:

The Secretary, Queenscliff Surf Lifesaving Club by Friday 4th July 2018:

Via Email: secretary@queenscliffslsc.com.au

Or by Post: PO Box 98, Manly NSW 1655