



# NEW SOUTH WALES SUPER SENIOR GOLF ASSOCIATION (Inc)

## SUPER SENIOR COMMITTEE NOMINATION FORM

This form must be lodged with the Captain of the NSW Super Senior Golf Association (Inc.)

no later than Tuesday 14<sup>th</sup> February 2023

I (Full name) \_\_\_\_\_

Full Residential Address \_\_\_\_\_

Contact Phone Number(s) \_\_\_\_\_

Golf Club Membership Details \_\_\_\_\_

(Club, Status & G.L. Number) \_\_\_\_\_

**HEREBY APPLY FOR THE POSITION OF** \_\_\_\_\_

**FOR THE NSWSSGA(INC)** \_\_\_\_\_

Signature of Candidate \_\_\_\_\_ Date: \_\_\_\_\_

### PROPOSER

Full name \_\_\_\_\_

Full Residential Address \_\_\_\_\_

Contact Phone Number(s) \_\_\_\_\_

Golf Club Membership Details \_\_\_\_\_

(Club, Status & G.L. Number) \_\_\_\_\_

Signature of Proposer \_\_\_\_\_ Date: \_\_\_\_\_

### SECONDER

Full name \_\_\_\_\_

Full Residential Address \_\_\_\_\_

Contact Phone Number(s) \_\_\_\_\_

Golf Club Membership Details \_\_\_\_\_

(Club, Status & G.L. Number) \_\_\_\_\_

Signature of Proposer \_\_\_\_\_ Date: \_\_\_\_\_

### To be signed by the Nominee

to indicate acceptance of \_\_\_\_\_ Date: \_\_\_\_\_

the Nomination.