

DIRECTOR NOMINATION FORM FOR 2015 ELECTIONS

CANDIDATE'S DETAILS: (Please print clearly)

Full Name:		
Gender: Female All Male (Cross applicable	box)	
Address of principal place of residence:		
Post Code: Telephone: (home)	(work)	(mobile)
Email:	_Home Golf Club (if appl	icable):
Declaration and Consent:		
 I declare that: If elected, I consent to act as a Director of the I have read, understand and, if elected, will co www.golfnsw.org) 		
Candidate's Signature:		Date:
PROPOSER'S DETAILS : (Please print clearly	/)	
Full Name:		
Golf Club:or, Cou	ntry District Golf Associa	ation (DGA):
I declare that I hold the office of	in the (Golf Club and or DGA noted above and that I
wish to propose	(name	of candidate) as a Director of Golf NSW.
Proposer's Signature:		Date:
SECONDER'S DETAILS: (Please print clearly	<i>י</i>)	
Full Name:		
Golf Club:or, Cou	ntry District Golf Associa	ation (DGA):
I declare that I hold the office of	in the	Golf Club and or DGA noted above and that I wish
to second	(name	e of candidate) as a Director of Golf NSW.
Seconder's Signature:		Date: