



**ELECTED BOARD DIRECTOR
DIRECTOR NOMINATION FORM**

This DIRECTOR NOMINATION FORM and the attached CANDIDATE RESUME AND STATEMENT must be lodged with the Returning Officer, Golf NSW by **4.00pm AEST on Thursday 19 October 2017**. Nominations can be lodged by post, fax, email or delivered by hand to:

By Post: The Returning Officer, Golf NSW, PO Box 195, ARNCLIFFE NSW 2205
By Hand: Golf NSW, 1A Duncan Street, ARNCLIFFE NSW 2205

By Fax: (02) 9505 9199
By Email: election@golfnsw.org

This Nomination Form will not be valid unless each of the parts is completed and it is signed, where specified, by all necessary persons and accompanied by the completed CANDIDATE RESUME AND STATEMENT. Nominations received after the closing date cannot be accepted.

CANDIDATE'S DETAILS: *(Please print clearly)*

Full Name: _____

Gender *(Cross applicable box):* Female Male

Address of principal place of residence: _____

_____ **State:** _____ **Post Code:** _____

Telephone: (home) _____ (work) _____ (mobile) _____

Email: _____ **Home Golf Club** (if applicable): _____

Candidate's Consent and Declaration:

I agree to my nomination and in doing so:

- consent to act as a Director of the Company in accordance with my obligations and duties under the *Corporations Act 2001 (Cth)*;
- confirm that I have read the Information Kit for Election as a Director of Golf NSW; and
- acknowledge that I have read and understand the [Code of Conduct for Directors of Golf NSW](#) included in the Information Pack for Election as a Director of Golf NSW and agree to comply with the Code if elected to the Board.

Candidate's Signature: _____ **Date:** _____

PROPOSER'S DETAILS: *(Please print clearly)*

Full Name: _____

Golf Club: _____ or, **Country District Golf Association (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)*

Full Name: _____

Golf Club: _____ or, **Country District Golf Association (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 of candidate) as a Director of Golf NSW.

Secunder's Signature: _____ **Date:** _____



GOLF NSW
ELECTED BOARD DIRECTOR
CANDIDATE RESUME AND STATEMENT

**INSERT
PHOTO**
(OPTIONAL)

A copy of this completed Form will be included in the official Election Materials that are provided to all eligible voting members. When completing this form please note the following:

1. All information must be provided in the format and style as indicated.
2. Must not include misleading, inaccurate or defamatory statements.
3. Must not contain the name of another person without that person's written authority.

This completed RESUME and the DIRECTOR NOMINATION FORM must be lodged with the Returning Officer/Secretary, Golf NSW by **4.00pm on 19 October 2017**.

This Resume when completed is not to be any more than two A4 pages in length. Statements over this limit will be truncated.

NOMINEE'S DETAILS:

Full Name: _____

Gender *(Cross applicable box)*: Female Male

Suburb/Town of residence: _____ State: _____ Post Code: _____

Telephone: (home) _____ (work) _____ (mobile) _____

Email: _____ Home Golf Club (if applicable): _____

NOMINEE'S SKILLS, QUALIFICATIONS AND EXPERIENCE

Board and Committee Involvement: *(List past and other current board or committee involvement)*

Background / Expertise: *(List employment history, academic qualifications, industry experience, specific skill set)*

Interest and/or involvement in sport: *(List competitive, social, voluntary, leadership involvement in sport inc any achievements)*

NOMINEE'S STATEMENT

(e.g. What attracts you to being a Director of Golf NSW?; What contribution do you believe you could bring to the Board)