



NORTH QUEENSLAND
QUEENSLAND

NOMINATION FOR BRANCH OFFICERS & COMMITTEES
APPLICATION FORM
NOMINATION FOR:

(Position)

NOMINEE'S NAME:

(Given Names) (Surname)

POSTAL ADDRESS:

(Post Code)

PHONE: (0) _____ (0) _____

(Personal) (Business)

BLUE CARD NO: _____ **EXPIRY DATE:** _____

MOBILE: _____ **EMAIL:** _____

MEMBER OF: _____ SLSC

Proposed by

(Print Name) (Club) (Signature) (Date)

Seconded by

(Print Name) (Club) (Signature) (Date)

I agree to the nomination, and further acknowledge and accept:

- I am not prohibited from holding office of an incorporated company or association; and
- I have read and understand the "Code of Conduct for NQB Directors" and agree to comply with the Code; and
- I am the holder of a "Working with the Children Suitability Card" (Blue Card)

(Nominee's signature) (Date)

ENDORSED BY: (must be a Club Executive Officer)

(Club) (Position) (Signature) (Date)
