

ELECTION OF OFFICERS

ABN 64 028 387 313 PO Box 59, Claremont WA 6910 T (08) 9384 9200 F (08) 9384 5563 E tigers@claremonttigers.com

claremontfc.com

2019 Nomination Form

I herewith nominate:	FIRST NAME	 SURNAME
for the position of:		
Proposer:	[please print]	
Signed:	Date:	
Seconder:	[plea	ase print]
Signed:	Date:	
I consent to the above nomination:		
Signed:	Date:	
Nominees must be members of the (Claremont Football Club and	d nominations must be signed by

candidate and two members of the Claremont Football Club and delivered to the Returning Officer no later than 5.00pm on Friday 15th November 2019.





