

**SUNSHINE COAST WATER POLO ASSOCIATION  
INCORPORATED**

**NOMINATION FORM FOR  
OFFICE BEARER OF THE ASSOCIATION**

**NOMINEE TO COMPLETE:**

I, \_\_\_\_\_ a registered member of  
\_\_\_\_\_ Club/Association and a member of Sunshine  
Coast Water Polo Incorporated, hereby nominate for the position of  
\_\_\_\_\_ for the year \_\_\_\_\_.

I hereby declare that I will accept the position, if elected and will abide by the rules and  
by-laws of the association.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PROPOSED BY:**

I, \_\_\_\_\_ a registered member of  
\_\_\_\_\_ Club/ Association

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECONDED BY:**

I, \_\_\_\_\_ a registered member of  
\_\_\_\_\_ Club/Association

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit nomination by advertised closing date to:**

The Secretary  
Sunshine Coast Water Polo Association Incorporated  
enquiries@waterpolosunshinecoast.com