

**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
secretary@waterpolosunshinecoast.com