



## ELECTION OF DIRECTOR NOMINATION FORM

I (insert full name) \_\_\_\_\_  
(clearly print)

Of (residential address) \_\_\_\_\_

Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

Hereby nominate for the position of Director of the MWA Board. I acknowledge that Board member duties are undertaken voluntarily and terms are for a period of 3 years.

I confirm that I am a current financial member of \_\_\_\_\_ (club)

NOMINEE Signature \_\_\_\_\_ Date \_\_\_\_\_

Nomination seconded by \_\_\_\_\_ Signature \_\_\_\_\_  
(print name)

SECONDER is a delegate of \_\_\_\_\_ Club

**The seconder must be a nominated DELEGATE of Motorcycling Western Australia (Inc) Council for this nomination to be valid.**

Please note that nomination forms must be signed by the **nominee and seconder**.

Completed nomination forms must be received by the CEO, Motorcycling Western Australia (Inc) by **1600 hours 24 April 2023** by email, post or hand delivered to MWA.