



NOMINATION FORM FOR OFFICERS OF THE AUCKLAND TOUCH COMMITTEE

I, _____ being

A financial member of the Auckland Touch Association Incorporation,

I hereby nominate, _____

To the position of *(Please tick one)*:

- President
- Committee Secretary
- Treasurer
- Committee Member

I, _____ accept
the nomination for the position above.

Name of nominee _____ (please print)

Signature of nominee _____ Date _____

Name of nominator _____ (please print)

Signature of nominator _____ Date _____

DEADLINE FOR SUBMISSION: 5.00pm on Monday 6th December 2021

via email: admin@aucklandtouch.co.nz