



**Kalamunda & Districts Basketball Association**

ABN 99 563 560 745

PO Box 57, Kalamunda WA 6926

Ray Owen Sports Centre, Gladys Road, Lesmurdie

## MANAGEMENT COMMITTEE NOMINATION FORM

I hereby nominate \_\_\_\_\_ for the

Nominees Full Name

position of \_\_\_\_\_ at the KDBA Annual General Meeting 2017.

Nominated Position

Nominated By \_\_\_\_\_

Phone Number \_\_\_\_\_

Date \_\_\_\_\_

I hereby accept this nomination.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Nominee's Signature

Nominees Address: \_\_\_\_\_

Nominees Phone No: \_\_\_\_\_

Nominees Email Address: \_\_\_\_\_

To be returned to the Administrator at the above address or to Competition Manager, prior to the Annual General Meeting to be held at 7:00pm, Tuesday 31 October 2017 in the Social Room, Ray Owen Sports Centre.

