

Secretary: Kelly Thomas



PO Box 5620
CANNING VALE SOUTH
WA 6155

Email:
secretary@afwhs.com.au

ARN: 166 952 478
IARN: A1015671D

AUSTRALIAN FRIESIAN WARMBLOOD HORSE SOCIETY INC. OFFICE HOLDER & COMMITTEE MEMBER NOMINATION FORM

Please enter the details of the person whom you would like to nominate in the appropriate box (you may also nominate yourself). State Representatives must live in the State they are being nominated for. Please ensure you obtain permission before nominating other AFWHS Inc. members. You do not need to complete nominations for all positions – just those you wish to nominate. This form must be emailed or posted to the Secretary to be received by the Secretary no later than COB on **28 March, 2019**.

In accordance with Rule 33 of the Rules (Constitution) of the AFWHS Inc.:

- (4) A member may nominate for one specified position of office holder of the Society or to be an ordinary committee member.
- (5) A member whose nomination does not comply with this rule is not eligible for election to the committee unless the member is nominated under rule 33(2) or 34(2)(b).

Where more than one nomination for a position is received, the nominated persons will need to write a brief history/profile about themselves and forward to the Secretary when advised to do so.

Email: secretary@afwhs.com.au (Subject: AFWHS nomination) **Post:** PO Box 5620, Canning Vale South, WA, 6155

POSITION	NAME OF PERSON NOMINATED	MEMBER NUMBER	MEMBER STATE
Chairperson			
Deputy Chairperson			
Secretary			
Treasurer			
Registrar			
WA State Representative			

SA (NT) State Representative			
TAS State Representative			
VIC State Representative			
NSW (ACT) State Representative			
QLD State Representative			
7 TH Committee Member			

I confirm that I have authority to name the person nominated in this form.

NAME: _____ **MEMBER #:** _____ **STATE:** _____

SIGNED: _____ **DATE:** _____ / _____ / _____

IMPORTANT NOTE: Under Rule 33 (3) of the AFWHS Inc. Rules (Constitution), this written notice of nomination must include a statement by another financial member of the AFWHS Inc. in support of the nomination. If possible, please have another member sign the statement below.

I, _____ (AFWHS Inc. member number: _____) support this nomination.

Signed: _____ Date: _____

If the AFWHS Inc. member is not physically able to sign this nomination form (due to geographic distance), they will need to provide a statement to the Secretary by email before COB on (day nominations close). Further, the email must be sent from the email address that the member provided on their 2019 annual membership/membership renewal form.

The statement will need to specifically state support for the nomination/s as they appear on this form.

OFFICE USE ONLY		
Date received:	Received by:	Signed: