**NEW SOUTH WALES DARTS**

**NOMINATION FORM FOR EXECUTIVE**

I/We the undersigned, being financial members of New South Wales Darts, wish to nominate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

as Chairperson/Administrator/Treasurer for New South Wales Darts.

I/We desire the said nominee to contest the Ballot as being a Representative of the Active Member of Zone .

Signature of

Proposer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NSW Darts Membership No. \_\_\_\_\_\_\_\_

Signature of

Seconder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NSW Darts Membership No. \_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being a financial member of New South Wales Darts hereby certify that I am eligible and will stand for the position of Chairperson / Administrator / Treasurer of New South Wales Darts. I hereby certify I have been on the Board of Directors for a minimum period of two (2) years.

Signature of

Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NSW Darts Membership No. \_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Received by the

President: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that this nomination is in accordance with the Memorandum and Articles of Association of New South Wales Darts.

Signature of

President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_