Committee Nomination Form

I wish to nominate …….

For the position of …….

Of the ACT Masters Hockey Association Inc.

Signature of Nominee ……..

Date ……..

Nominating Member ……..

Signed ……..

Date ……..

Seconding Member …….

Signed ……..

Date ……..

To be effective, nomination forms, duly completed, must reach the secretary not less than 7 days prior to published date of the Annual General Meeting.

Completed forms should be sent to: secretary@actmastershockey.com