

# GENERAL COMMITTEE NOMINATION FORM

## South Tweed Community Touch Association Incorporated



**Position: General Committee Member**

Name of Candidate: \_\_\_\_\_

Printed Name

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Information (optional): \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

Candidate: \_\_\_\_\_

Print Name

Signature

Date: \_\_\_\_\_

Moved By: \_\_\_\_\_

Print Name

Signature

Date: \_\_\_\_\_

Seconded By: \_\_\_\_\_

Print Name

Signature

Date: \_\_\_\_\_

Completed forms are to be emailed to The Secretary at [southtweedtouchfootball@outlook.com](mailto:southtweedtouchfootball@outlook.com)