



Nomination Form Board Of Directors

Name: _____

Address: _____

Phone: (H) _____ (M) _____ (W) _____

Email: _____

Position/s applying for (please tick):

President Vice President Treasurer Secretary Board Member

Brief History of Applicant

Signature of Nominee's

Signature of Seconded

Signature of Nominator

Print Name of Seconded

Print Name of Nominator

Wagga Touch Association Inc.

PO Box 2037, Wagga Wagga, NSW, 2650

P: 02 6931 2290 | M: 0477 688 600

E: contact@waggatouch.com.au | W: www.waggatouch.com.au

ABN: 66 922 010 658



Application for Life Member

Name: _____

Address: _____

Phone: (H) _____ (M) _____

Brief Resume



Signature of Mover

Signature of Seconded

Print Name of Mover

Print Name of Seconded

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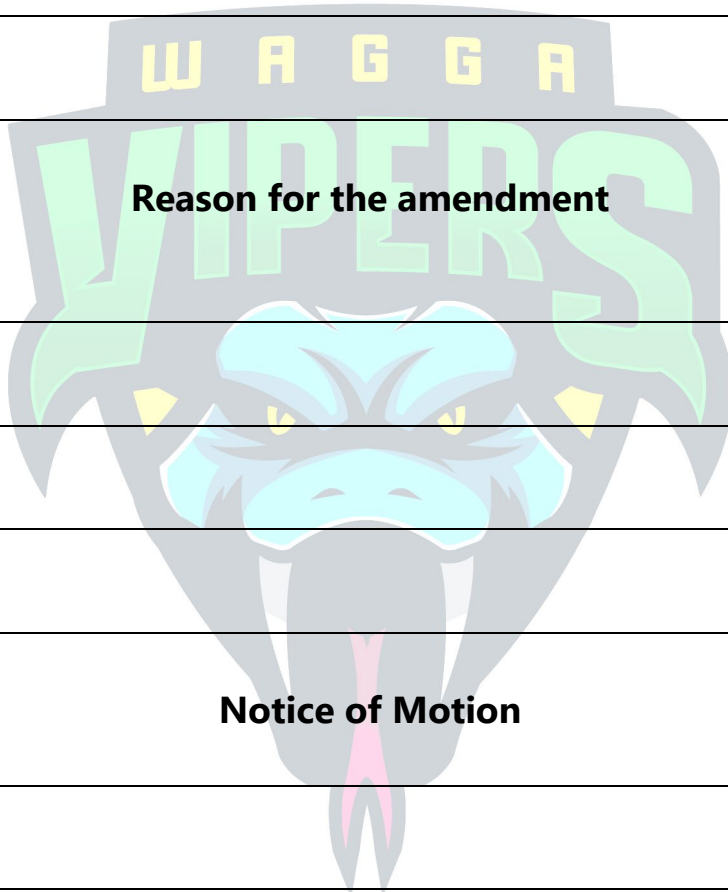
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Notice of Motion

Policy to be amended



Reason for the amendment

Notice of Motion

Signature of Mover

Date

Signature of Seconded

Print Name of Mover

Print Name of Seconded

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Notice of Motion

Constitution – Clause(s) to be amended



Reason for the amendment

Special Resolution – Notice of Motion

Signature of Mover

Date

Signature of Seconded

Print Name of Mover

Print Name of Seconded

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