



Macarthur District Football Referees Association Inc

affiliated to Football NSW

ABN: 24 755 364 850

NOMINATION FORM

We, the undersigned, being financial members of the Macarthur District Football Referees Association wish to nominate the following member for the position indicated below:

Member Name:	
Nominated Position:	

Proposer Name:	
Proposer Signature:	
Date:	

Seconder Name:	
Seconder Signature:	
Date:	

I, the above-mentioned member, acknowledge that:

1. I have been nominated for the position as indicated above and wish to confirm my acceptance of the nomination; and
2. I am a financial member of the Macarthur District Football Referees Association.

Member Signature:	
Date:	

Please note that a member can only be nominated for one position per each form. If nominating for multiple positions, a separate form must be used for each position. In accordance with the Constitution, this nomination form must be returned to the Secretary no later than (30) days prior to the date of the Annual General Meeting.

Forms must be delivered to the Secretary either by:

1. In person;
2. By scanning and emailing to secretary@mdfra.com.au; or
3. By post to:
PO Box 620
Campbelltown NSW 2560