**COMMITTEE NOMINATION FORM**

 **POLIO S.A. Inc.**

**ANNUAL GENERAL MEETING Sunday 19th September 2021**

**At Thebarton Community Centre Cnr Ashwin Parade & South Rd Torrensville SA 5031.**

**This form is to be sent to: The SECRETARY, Polio SA, 302 South Rd Hilton SA 5033**

**Or email to poliosa.office@gmail.com**

**I** (Members Name) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Hereby Nominate:** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ..

*If you nominate another person, then that person must also sign to acknowledge and agree to the nomination.*

### President ❒ *Vice President* ❒

*Secretary* ❒ *Treasurer* ❒



*Committee Member (8 max.)* ❒

**Signed** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. Date . . .... / . . .. /2021

*Nominations for Committee positions must be lodged with the Secretary not later than 12th Sept*