Insert
STATE DEAF
GOLF LOGO



NOMINATION FORM for (State) Deaf Golf Committee for 2022-2026

ONLY CURRENT FINANCIAL MEMBERS OF (State) Deaf Golf Association ARE ENTITLED TO NOMINATE I, (PRINT NAME) _____ To a seat Nominates: on the (State) Deaf Golf Committee for the period 2022-2026. President (2022-2024) Vice-President (2022-2026) Treasurer (2022-2024) Secretary (2022-2026) Board Member (3 Positions) (1 Board Member 2022-2024, 2 Board Members 2022-2026) We declare that we support our candidate for the Board position as indicated above. ______ Signature: ______ (1) NAME: _ Member of (State) Deaf Golf Association Date: _____ Signature: _____ (2) Seconded by NAME: Member of (State) Deaf Golf Association Date: To be sent by email to (State) Deaf Golf Secretary by 18 th October 2022 (including background of Candidate. Youtube or Vimeo videos will be acceptable forms of background in lieu of writing) (ADD secretary's email address)— no nominations will be accepted after this date. Note: Suggest Staggered Elections will commence from 2022, which means: 2022-2024: President, Treasurer and 1 Board Member 2022-2026: Vice President, Secretary and 2 Board Members 2024-2028:

President, Treasurer and 1 Board Member And 4 year terms thereafter (with elections held at

biennial General Meetings - every 2 year

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NOMINATION FORM for (State) Deaf Golf Committee

for 2022-2026

CANDIDATE'S BACKGROUND:

NAME OF CANDIDATE :	
NOMINATION TO POSITION OF :	
(Multiple Positions Accepted)	
NATIONALITY:	
STATE OF RESIDENCE :	
DATE OF BIRTH :	
EMAIL ADDRESS :	
YOUTUBE / VIMEO VIDEO LINK :	
TYPED NOTES ON YOUR OWN DOCUMENT TO BE ATTACHED TO THIS FORM OUTLINING THE FOLLOWING:	
SPORTING BACKGROUND	
• EDUCATION	
• RELEVANT EXPERIENCE	
• GOALS YOU WANT FOR (State) Deaf Golf Association	
ADDITIONAL INFORMATION	
SIGNATURE OF CANDIDATE :	
DATE :	