**Willoughby Legion Ex-Services Club Ltd**

**Nomination Form for the position of DIRECTOR**

**Due to site redevelopment, nominations must be received by the Club Secretary**

**no later than 5pm on Monday 9th October 2023.**

**Nominations can be submitted by post to PO BOX 556 NORTH WILLOUGHBY 2068**

**or by email to** **ves.campion@gmail.com**

Please ensure that all details are printed legibly (capitals preferred)

I, (full name) --------------------------------------------------------------------------------------------------------

Of (full residential address) -------------------------------------------------------------------------------------------------------

Contact Numbers: (Home) ------------------------------------- (Mobile) ----------------------------------------------

Email address: ----------------------------------------------------- Club Membership Number: -----------------------

**HEREBY NOMINATE TO STAND FOR ELECTION AS A DIRECTOR OF THE CLUB.**

**WE HEREBY PROPOSE AND SECOND THE ABOVE NOMINEE FOR THE POSITION AS A DIRECTOR OF THE CLUB**

**PROPOSED by:** (full name) --------------------------------------------------------------------------------------------------------

Of (full residential address) -------------------------------------------------------------------------------------------------------

Contact Numbers: (Home) ------------------------------------- (Mobile) ----------------------------------------------

Email address: ----------------------------------------------------- Club Membership Number: -----------------------

Signature of Proposer: ------------------------------------------------------------------ DATE: ----------------------------

**SECONDED** **by**: (full name) -------------------------------------------------------------------------------------------------------

Of (full residential address) -------------------------------------------------------------------------------------------------------

Contact Numbers: (Home) ------------------------------------- (Mobile) ----------------------------------------------

Email address: ----------------------------------------------------- Club Membership Number: -----------------------

Signature of Seconder: ------------------------------------------------------------------ DATE: ------------------------------

I, (full name) ---------------------------------------------------------------------------------------------------------------------

**HEREBY ACCEPT THE NOMINATION FOR THE POSITION AS DIRECTOR OF THE CLUB AND IN DOING SO, I UNDERSTAND THAT I SHALL BE REQUIRED TO:**

1. **IF ELECTED, SATISFACTORILY COMPLETE THE DIRECTOR COURSES MANDATED BY CLUBSNSW AND REGULATORY AUTHORITIES WITHIN THE STIPULATED TIMEFAMES; AND**
2. **IF ELECTED, SIGN A DIRECTOR’S CONFIDENTIALITY AGREEMENT THAT WILL APPLY DURING, AND SUBSEQUENT TO, MY TERM AS A DIRECTOR.**
3. **OBTAIN A DIRECTOR’S IDENTIFICATION NUMBER (See** https://www.abrs.gov.au/director-identification-number **for details)**

**I ACCEPT THAT A BREACH OF THESE REQUIREMENTS, OR THE CLUB’S BY-LAWS MAY RESULT IN THE TERMINATION OF MY APPOINTMENT AS A DIRECTOR.**

Signature of Nominee: --------------------------------------------------------------------- Date: -----------------------------