



Tweed District Committee Nomination Form

CARING FOR THE
MEN, WOMEN AND CHILDREN
OF THE RUGBY LEAGUE COMMUNITY

I, _____ *[print name]* wish to nominate for the position/s
of *[please tick the boxes of the relevant position/s for which you are nominating]*

- Patron President Vice President Secretary Treasurer
 Assistant Secretary/Treasurer Wellbeing Officer Publicity Officer Committee

Full Name: _____ Membership Number: _____

Address: _____

Suburb: _____ State: _____ Post Code: _____

Phone: _____ Mobile: _____ Email: _____

Signature: _____ Date: / /

Nominator: _____ Membership Number: _____

Signature: _____ Date: / /

Seconder: _____ Date: / /

Signature: _____ Date: / /

For any further details please contact Tweed committee Secretary, Tom Cassin

A: Unit 303, 4-10 Douglas Street Coolangatta 4225 P: 0407 457 661 E: tweed@menofleague.com