**SURF LIFE SAVING WIDE BAY CAPRICORN**

**NOMINATION FOR OFFICE 2015-2016**

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| **Nomination For :**  |
| (Position and/or Board or Committee) |
| **Nominees Name :**(Given Name) | Surnames:  |
| **Address:** **(Postal)** |
| **Postcode:**  |
| **PHONE: (0 )**  | **MOBILE :** |
| **BLUE CARD NO :** | **EXPIRY :**  |
| **EMAIL :**  |
| **MEMBER OF :** **SLSC** |

**I agree to the nomination, and that the attached associated documentation is true and correct .**

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(Signature) (Date)

**ENDORSED BY:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominator (Name) (Signature) (Date)

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Seconder (Name) (Signature) (Date)

**SLSA AWARDS/ACCREDITATIONS/QUALIFICATION RELEVANT TO THE POSITION**

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 (Award/ Accreditation/ Qualification) (Date)

**Professional History**

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**Nominee’s Resume (Life Saving History relevant to the position)**

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***Nomination closes at Branch on Friday, 19 June 2015,***

***Via email*** ***slswbc@lifesaving.com.au*** ***or mail to PO Box 6170, East Bundaberg Qld 4670***