

## **REGIONAL COUNCIL - NOMINATION FORM**

| Dated   | 2018                                    |                           |
|---|---|---------------------------|
| Nomination forms are to be forwarded to matt.dul  | dig@sanfl.com.au                        |                           |
| Please be advised that election to the position of <b>Member of SANFL Re</b>              |   | _ is nominated for        |
| Yours sincerely,  |   |                           |
| PROPOSER:   |   |                           |
|   |   |                           |
| TO BE COMPLETED BY NOMINEE  |   |                           |
| I agree to this nomination and if elected, I agree National Football League Incorporated. | ee to be bound by the Rules of the      | e South Australian        |
| Yours sincerely,  |   |                           |
| Signature:  |   |                           |
| Name:   | Address:                                |                           |
|   | Phone:                                  | (M)                       |
| Nominee Background - Please provide a brief backg<br>join the Council                     | ground of your professional history and | reasons for nominating to |
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...... (continue overleaf if required)