



BLACKTOWN CITY NETBALL ASSOCIATION INCORPORATED

NOMINATION FORM (Please complete all sections in full)

(NOT TO BE CIRCULARISED)

NAME: _____ CLUB: _____

ADDRESS: _____ POSTCODE: _____

HOME: _____ BUSINESS: _____

MOBILE: _____ EMAIL: _____

*QUALIFICATIONS SHALL ACCOMPANY EACH NOMINATION.
ATTACHMENTS WILL BE ACCEPTED, PROVIDED THEY ARE SIGNED AND ATTACHED TO FORMS.*

EXECUTIVE: _____

SUB COMMITTEES: _____

OTHER POSITIONS: _____

SIGNATURE: _____ DATE: _____

(Any false or misleading information will render this nomination invalid)

*Nominations for election, must be signed by two Ordinary Members of the nominee's club and
with the written consent of the nominee, shall be lodged with the BCNA Office Administrator
no later than 5.00pm on 11th October 2024*

**BCNA Office Administrator
Blacktown City Netball Association Inc.
P.O. BOX 442, BLACKTOWN. NSW 2148
Email Address: admin@blacktownnetball.com.au**



BLACKTOWN CITY NETBALL ASSOCIATION INCORPORATED

NOMINATION FORM - QUALIFICATIONS

NAME: _____ POSITION: _____

NATIONAL LEVEL: _____

STATE LEVEL: _____

ACADEMY LEVEL: _____

DISTRICT LEVEL: _____

CLUB LEVEL: _____

WORKING WITH CHILDREN CHECK NUMBER: _____

TYPE OF CLEARANCE _____ EXPIRY DATE: _____

Nominated by: _____ Seconded by: _____

Club: _____ Club: _____

Signature: _____ Signature: _____

I accept the nomination for the above position:

Signature of Nominee: _____ Date: _____