

ELECTED DIRECTOR NOMINATION FORM ANNUAL GENERAL MEETING - JUNE 2020



This form is to be filled by applicants who wish to be elected to the Board of Bowls Tasmania.

Section 1 Contact inion	mation	
Title:	Given names:	
Surname:		
Email address:		_
Address:		
Suburb:		Postcode:
State/territory:		
Home phone:	Work phone:	
Mobile phone:		
as an employee of BT o	r a member Association or as a di	at I do not hold a disqualifying position irector with a member Association. If I acknowledge that I will immediately position.
To be filled in by the no	ominator:	
l	, member of the	Bowls Club nominate
	for the position of Elected Di	rector of Bowls Tasmania.
Signed:		
Nominator	Name	Date
Nominee	Name	

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Section 3 | Member Association confirmation

This section is a compulsory field to be considered for the position as elected director.				
I,	on behalf of	(member Association) confirm		
that Elected Director nomine	ee is a	nancial full member of a bowling club		
and has no disputes or finar	icial payments pending.			
Member Association	Name	Date		
Section 4 Application form	ı			
Please answer questions 1	to 4 to be considered for the	e position as elected director.		
Please address the follow	ng eligibility criteria.			
1. Ability to demonstra	ate one of the following (plea	ase circle one):		
(a) Board experience;	or			
(b) Knowledge of the ro	ole of a director			
Please detail below how yo	ou meet this requirements:			
2. In addition to the ab	ove, please demonstrate o	ne of the following experiences (please		
circle one):				
(a) Business experience	e – management level or al	oove; or		
(b) Bowls administratio	n experience			

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3.	Please outline any previous board history and experience:
4.	Please outline any applicable knowledge/networks which may assist you in the position of elected director:
5.	Please provide any additional information/comments in support of your application:

Please submit the form above with your CV to Regional Secretary by ${\bf COB~May~29_{th},~2020}$. Late applications will not be accepted.