

BALLARAT MEMORIAL SPORTS

89c CUTHBERTS ROAD
ALFREDTON VIC 3350
PH: - 53429616

P O BOX 44W
BALLARAT WEST 3350

MEMBER NOMINATION FORM

Date:...../...../.....

1. Full Member 2. Unaffiliated Member 3. Junior Member

We desire to nominate as a (State Category)
Member of **BALLARAT MEMORIAL SPORTS**.

Mr/Mrs/Ms
(Full Christian and Surname)

Private Address:

.....Telephone (....)

E-Mail..... Mobile:

Occupation:

Date of Birth: (Required for BV Official record)

NOMINEES

Proposer:Print.Name & Signature

Seconder: Print Name & Signature

I agree, if elected, to abide by the current Rules and Constitution of the
BALLARAT MEMORIAL SPORTS

Nominee Signature:

Approval of Committee (Date) Applicant advised (Date)

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