

Nomination Form

Nominee

Title								
First Name			Last Name					
Club								
Address								
Post Code								
Telephone N	No.							
Email addre								
I wish to stand for election at the forthcoming AGM on: as:								
(Please see supporting statement below)								
I confirm I am a member of the Exmouth Swimming and Life Saving Society.								
Signature				Date				
		C	- C4-44					
		Supportin	ng Statement					

www.exmouthswimming.org

"To inspire and enable our members to achieve their potential in swimming and promote lifelong participation and enjoyment of the sport."



Proposer

Title					
First Name			Last Name		
Club					
Address					
Post Code					
Telephone N	No.				
Email addre	SS				
I wish to pro I confirm I a	pose m a r	the above person for election member of the Exmouth Swim	n at the forthcor nming and Life S	ming AGM o Saving Soci	on: ety.
Signature				Date	
Second	er				
First Name			Last Name		
Club(s)					
Address					
Post Code					
Telephone No.					
Email addre	SS				
		the above person for election member of the Exmouth Swim			
Signature				Date	

This completed form must be received by the stated deadline via e-mail to Club Secretary: secretary@exmouthswimming.org

Or posted to: Club Secretary, 16A St Andrews Roads, Exmouth, Devon. EX8 1AP.

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