Macarthur Football Association Inc

PO Box 951, Campbelltown NSW 2560 Macarthur Football Association Inc

NOMINATION FORM FOR 2024 APPEALS COMMITTEE (AC)

DETAILS OF NOMINEE [POSITION ON APPEALS COMMITTEE]:

Full name:			Date of Birth:	
Address:			Phone:	
Email:				
*Note a maximum of	seven	(7) members can be ele	cted to the Appeals Committ	ree
ECLARATION O	F AN	Y POSITIONS HEL	D:	
he MFA (other than in	the ci	cumstances provided f	or in clause 10.1(c) of those r	peals Committee cannot be a director of regulations); a member of the Competitions yee of the Association or a Club
In Association:				
In Member Club:				
in Wember Club:				
Positions on the AC nominate again for		•	lude on 31 October 202	24, with an opportunity to
SIGNED BY NOM	INEE	:		
				nat submits this form must be tled to vote at the Annual General
he Appeals Comm	ittee	at the Annual Gene	•	s true and correct and if elected to ociation, confirms that he or she
iignature of nomin	ee: _			
Dated:				
				n.au by 5pm. Wednesday 29 November

Completed and signed forms must be submitted to gm@macarthurfootball.com.au by 5pm, Wednesday 29 November 2023