

## Jaffna University Graduates Association Inc.

P.O.BOX 77, LPO Toongabbie NSW 2145

http://www.juga.org.au

## **NOMINATION FORM**

Management committee Positions for the year 20\_\_\_/20\_\_\_

We,	;	and
[Proposer's name]		[Seconder's name]
wish to nominate		[name of candidate]
for the position position is sele	<del></del>	n only. This form will be invalid if more than one
☐ Secretary	<ul><li>□ Vice President</li><li>□ Assistance Secretary</li><li>□ Assistance Treasurer</li></ul>	☐ Member of Committee
Signature of Proposer:		Date:
Signature of Seconder:		Date:
Consent of Car	ndidate:	
I, am willing to take on this role if I am elected to this position at the Annual General Meeting of the Association.		
Signature of candidate:		Date:
	Y NOMINATION WILL BE INVALID IF ERS OF THE ASSOCIATION.	ALL PERSONS NAMED HERE ARE NOT CURRENT