**MANAGEMENT COMMITTEE POSITION NOMINATION FORM**

Completed nomination forms should be emailed to: The Secretary admin@cyclingwithoutage.org.au **before 6:00 pm, AEST, Wednesday 10th June 2024** to be eligible for election at the Annual General Meeting to be held on Wednesday 19th June 2024.

**NOMINATION OF CANDIDATE** I, [*name of Proposer*] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

wish to nominate [*name of Candidate*] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the following position/s on the Management Committee of Cycling Without Age Australia at the 2024 Annual General Meeting.

| **Position** | **Tick applicable** |
| --- | --- |
| Chairperson  |  |
| Deputy Chairperson  |  |
| Secretary  |  |
| Treasurer  |  |
| Ordinary Committee Member  |  |

I also confirm that I am an affiliate member of Cycling Without Age Australia

Signature of Proposer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**CONSENT OF CANDIDATE**

I, [name of Candidate] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am willing to take on this role if I am elected to this position at the 2024 Annual General Meeting of Cycling Without Age Australia.

I understand that in agreeing to this nomination I have met the following conditions and / or agree to the following statements:

● I have read Part 5 – Committee of the Association Rules (link [HERE](https://cyclingwithoutage.org.au/wp-content/uploads/sites/10/2023/05/CWAA-Association-Rules-2-Nov-2019-certified.pdf))and understand the requirements and responsibilities of the Committee and the position/s for which I nominate.

● I am able to attend general meetings of the Association (may be by electronic means)

● I have the appropriate skills and knowledge to be able to support the administrative functions of the Association in a Committee position.

Signature of Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_