



Auckland City Triathlon Club

NOMINATION FORM

For Auckland City Triathlon Club Executive Committee

Full Name of Nominee _____

Must be an Auckland City Triathlon Club Membership Yes/No

Proposed by _____

Must be an Auckland City Triathlon Club Member Yes/No

Contact Telephone Number _____

Signature _____ *Date* _____

Seconded by _____

Must be an Auckland City Triathlon Club Member Yes/No

Contact Telephone Number _____

Signature _____ *Date* _____

Committee Options – please highlight position you wish to be nominated for.

President Vice-President Treasurer Secretary Committee Member

All Nomination forms must be received by the Auckland City Triathlon Club by Sunday 5th August 2018. There is also provision to accept on the day if positions are still vacant.

Please email to Club Secretary at info@aucklandcitytri.co.nz