

# Elizabeth Amateur Radio Club Inc

PO Box 8  
Elizabeth, SA, 5112

## Committee Position Nomination Form

Please provide your preferences for each of the following committee positions and return this form to the secretary:

**President** Name: \_\_\_\_\_ Callsign: \_\_\_\_\_

**Vice-President** Name: \_\_\_\_\_ Callsign: \_\_\_\_\_

**Secretary** Name: \_\_\_\_\_ Callsign: \_\_\_\_\_

**Treasurer** Name: \_\_\_\_\_ Callsign: \_\_\_\_\_

**Committe Member 1** Name: \_\_\_\_\_ Callsign: \_\_\_\_\_

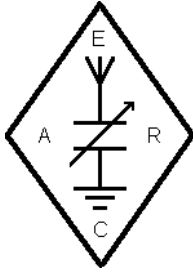
**Committe Member 2** Name: \_\_\_\_\_ Callsign: \_\_\_\_\_

**Committe Member 3** Name: \_\_\_\_\_ Callsign: \_\_\_\_\_

Optional:

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Callsign: \_\_\_\_\_



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**Vice-President** Name: \_\_\_\_\_ Callsign: \_\_\_\_\_

**Secretary** Name: \_\_\_\_\_ Callsign: \_\_\_\_\_

**Treasurer** Name: \_\_\_\_\_ Callsign: \_\_\_\_\_

**Committe Member 1** Name: \_\_\_\_\_ Callsign: \_\_\_\_\_

**Committe Member 2** Name: \_\_\_\_\_ Callsign: \_\_\_\_\_

**Committe Member 3** Name: \_\_\_\_\_ Callsign: \_\_\_\_\_

Optional:

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Callsign: \_\_\_\_\_