

Equestrian South Australia Inc.

Unit 10, 2 Cameron Road, Mount Barker SA 5251 Ph: (08) 8391 0488 / Fax: (08) 8391 5799 Email: manager@sa.equestrian.org.au

NOMINATION FORM

Must be received at the ESA Office

For the 20..../20.... Year

The Returning Officer Equestrian South Australia Inc Uni 10, 2 Cameron Road MOUNT BARKER SA 5251

We the undersigned being to Competitor Participant Supporter Life Member (Please tie members of Equestrian Sou	ck one)	ereby nominate (Full Name please):
Full Name of Nominated M	lember:	
for election to a position or	n the	Committee at the 201 AGM
Name of proposer:		Membership No:
Signature:		
Name of seconder:		Membership No:
Signature:		
I accept the above nomina	tion for this position	
Signed:		
Name: (Please Print)		
Membership No:		