



NOMINATION FORM FOR DIRECTOR

_____ nominates the following person for appointment as
a Director of the South Australian Rugby Union Limited.

Full Name _____

Address: _____

Postal address: _____

Phone Home: _____

Mobile: _____

Email: _____

Club/Affiliated body: _____

Signed _____

Position held _____

NOMINEE'S CONSENT

Consent: I hereby consent to act as a Director of South Australia Rugby Union Limited. I acknowledge that if elected, I am unable to concurrently hold the office of President, Secretary, Treasurer or Head Coach of a voting member.

Signature: _____

Please complete and return to:

Rose Jackson
email: info@sarugby.com.au

**Nominations must be sent to Rugby Union SA no later than:
5.00 pm on 3rd April, 2020**

PLEASE NOTE:

Nominees must also submit, with their nomination form, a profile of no more than 200 words in support of their nomination.