



Motorcycle Riders' Association of South Australia Inc.
 GPO Box 1895
 Adelaide SA 5001
 W: <http://www.mrasa.asn.au>
 E: secretary@mrassa.asn.au

NOMINATION FORM

Date of Annual General Meeting: 19th February 2024

I [PRINT NAME]

membership number

wish to nominate [PRINT NAME]

for the MRASA Inc Committee position of :

..... Signed [NOMINATOR]

Seconded by [PRINT NAME]

membership number

Signed [SECONDER]

Accepted by [NOMINEE'S NAME]

membership number

Signed [NOMINEE]

Let those who Ride Decide



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Nomination Form Information

1. Your name and membership number

Please print your name and MRASA membership number as it appears on your membership card.

2. Seconder's name and membership number

Please print the name and MRASA membership number as it appears on the seconder's membership card. The seconder cannot be the nominator or the nominee.

3. Nominee

Your nominee must be a member of the MRASA and in accordance with the MRASA constitution bylaws must have been a member of the MRASA for at least 12 months prior to the date of the AGM. The nominator can be the nominee.

4. Membership status

The nominator, seconder and nominee must all be current financial members of the MRASA.

5. Nomination form deadline

Your nomination form must be in the Secretary's hand prior to the stipulated commencement time of the Annual General Meeting.

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