

DIRECTOR NOMINATION



Name of nominated Director _____

ascta ID Number _____

Address: _____

Phone: (business)_____ (home)_____

Fax: _____ Email: _____

Swimming Club affiliation _____

Declaration

I have read the 'ascta Code of Ethics for Directors' and accept this nomination.

Signed _____ Date _____

Nominating and Seconding ascta Members

a) ascta members submitting this nomination

Nominated by _____
(Print Name) (ascta ID number) (Signature)

Seconded by _____
(Print Name) (ascta ID number) (Signature)

Statements of Intent or Support

The Nominee may supply additional information, limited to 250 words on one A4 page, to support his/her intention to serve on the ascta Board of Directors. No more than two (2) additional statements of support may be submitted by organisations (i.e. Swim Club, ascta Branch, State Swimming Association, etc.) in support of the nominated ascta member.