



# WA 4WD ASSOCIATION (Inc.)

PO Box 6029  
East Perth WA 6892  
Tel: 0405207844  
Web: <http://www.wa4wda.com.au>

## NOMINATION FORM FOR OFFICE BEARERS

I ..... Of .....  
(Name) (Club)

Nominate .....

For the position of (please tick)

- |                          |                        |                          |                     |
|--------------------------|------------------------|--------------------------|---------------------|
| <input type="checkbox"/> | Chairman               | <input type="checkbox"/> | Insurance Officer   |
| <input type="checkbox"/> | Vice Chairman          | <input type="checkbox"/> | ANFWDC Delegate     |
| <input type="checkbox"/> | Secretary              | <input type="checkbox"/> | ANFWDC Delegate     |
| <input type="checkbox"/> | Treasurer              | <input type="checkbox"/> | WARCO Delegate      |
| <input type="checkbox"/> | Manager of Land Issues | <input type="checkbox"/> | Track Care Delegate |
| <input type="checkbox"/> | Activities Officer     | <input type="checkbox"/> | Committee Member    |
| <input type="checkbox"/> | Public Relations       | <input type="checkbox"/> | Committee Member    |
| <input type="checkbox"/> | Manager of the DTP     |                          |                     |

.....  
(Signature of Nominee accepting nomination)

...../....., / 2007  
(Date)

Please complete and return to:-

The Secretary  
WA4WDA  
P.O. Box 6029  
East Perth WA 6892

Nominations must be received no later than the commencement of the August General Meeting