



DIRECTOR NOMINATION FORM

We the undersigned hereby nominate:

.....
(FULL NAME – BLOCK CAPITALS)

for election to the Board of Mid Sussex Marlins Swimming Club Limited in the capacity of:

Chairman ¹	
Treasurer ¹	
Secretary	

Collectively the Executive of the Club

1 The existing post holders have all expressed a commitment to stand in these posts for a further year.

Or as a Board Member (Director)

Proposed² by (FULL NAME – BLOCK CAPITALS) (SIGNATURE)

Seconded² by (FULL NAME – BLOCK CAPITALS) (SIGNATURE)

Date

2: Proposers and Seconders must be full Club Members

I confirm acceptance of the above nomination and confirm that I am /will become a full member of Mid Sussex Marlins Swimming Club Limited

Signed Date

COMPLETED NOMINATION FORMS MUST BE RETURNED TO THE CLUB BY WEDNESDAY 28 AUGUST 2019 via the Club Manager clubmanager@midsussexmarlins.org or in person to the Secretary, Tom Forcier by the said date.