

Coffs Harbour Basketball Association Incorporated 74A Bray Street, Coffs Harbour NSW 2450 Ph: 02 6651 1452 admin@coffsharbourbasketball.com.au www.coffsharbourbasketball.com.au

Nomination Form

We,	(To be used for nominations for Life Members) Signature:	
	Please print name	
		and
	Signature:	
	Please print name	
	being members of Coffs Harbour Basketball Association Incorporated, nominate:	
		for: 1
	Insert person's name	insert details of nomination
For the purpo fostering of p set an exemp meeting of th	articipation and develop plary standard of behavi e Association	puished service' shall be restricted to those who have contributed to the control, promotion, integration, of promotion by their participation in the Association for a period of ten (10) years and who, have it in an annual general sour on and off the court and are nominated by a member to the Board for election at an annual general hip a history of the nominated person's service to the Association must accompany the nomination.
Return nom	nination to:	Secretary Coffs Harbour Basketball Association P.O. Box 1947 Coffs Harbour 2450 Or: in person to CHBA Administrator, CHBA Office, Sportz Central, Coffs Harbour.

Lisa Fahey

Administration Officer CHBA

- Basketball on the Coffs Coast -

Nominations for Life membership must be received by COB Tuesday, 23rd June 2020 at 6pm.