



## AFL Western District Advisory Committee Nomination Form

I wish to nominate for the position of AFL Western District Advisory Committee Member on the AFL Western District Advisory Committee. I acknowledge and agree to the terms and condition of the AFL Western District Committee Terms of Reference.

### Nominee Information

First Name:		Surname:	
Address:		Suburb:	
State:		Postcode:	
Telephone:			
Email:			
Stakeholder Group:			

### Nominee Seconded By

**(Must be a member of a league or association affiliated with AFL Western District)**

First Name:		Surname:	
Telephone:			
Email:			

.....  
Signature of Nominee:

.....  
Date:

.....  
Signature of Nominee Seconder:

.....  
Date: