

**NOMINATION FORM**  
**MEMBER OF THE BOARD OF TRIATHLON WA Inc**  
**2015/2016 and 2016/2017**



**AS PER THE CURRENT CONSTITUTION OF TRIATHLON WESTERN AUSTRALIA INC, THE BOARD OF TRIATHLON WA WILL COMPRISE:**

- *Seven Elected Board Members;*
- *Two Appointed Board members and*
- *If applicable under Rule 24.3 the Immediate Past President,*

*who must all be Individual Members over the age of 18 years at the time of election and who except for the Immediate Past President and the appointed Board members will be elected under Rule 24 of the constitution.*

**AS PER ITEM 24.4 OF THE CURRENT CONSTITUTION:**

*Board Members shall be elected at the Annual General Meeting for **two (2) year terms** with half the Board Members to be elected annually. A Board Member shall not serve more than three (3) consecutive terms.*

The Board requires skilled, enthusiastic, motivated persons who are prepared to undertake the role with vigor and diligence in pursuit of efficient management of triathlon in WA. Please give serious consideration to nominating for a position as you will need to have the expertise AND time available to undertake the associated duties, attend monthly meetings and assist in other areas where required. A Board Member Code of Conduct will be required to be signed by each successful nominee. A copy of this and further information pertaining to your role on the Board can be obtained by contacting the Executive Director.

All nominees must be proposed and seconded by members of the Association. In compliance with current legislation, all candidates elected to the board, where applicable *may* be asked to provide a Working with Children (WWC) Check. If exempt from the WWC candidates may be required to apply for National Police Clearance for Volunteers. Your nomination to the board indicates acceptance of this condition.

**NOMINEE** \_\_\_\_\_

**Position Nominated** \_\_\_\_\_

I \_\_\_\_\_, hereby consent to be nominated for the above position.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

**Proposed by:** Name (BLOCK LETTERS) \_\_\_\_\_ Signature \_\_\_\_\_

**Seconded by:** Name (BLOCK LETTERS) \_\_\_\_\_ Signature \_\_\_\_\_

**NOMINATIONS CLOSE – 5PM on Friday 4<sup>th</sup> September 2015**

Please forward this form to by mail, email or fax:

Executive Director

Triathlon Western Australia

12A/55 Howe Street, OSBORNE PARK, WA, 6017

Fax: 08 9443 9778

Email: [peter.minchin@wa.triathlon.org.au](mailto:peter.minchin@wa.triathlon.org.au)