**COFFS HARBOUR ORCHID SOCIETY INC.**

  **NOMINATION FORM FOR EXECUTIVE AND COMMITTEE POSITIONS**

**We wish to nominate ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the position of**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **at the Election of Officers at the AGM.**

**Name & Signature of Nominator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name & Signature of Seconder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name & Signature of Nominee**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The positions available are:**

* **President**
* **Vice President**
* **Secretary**
* **Treasurer**
* **Committee (3 positions)**

**Date received by the Returning Officer & Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_**

**Nomination forms must be lodged with the Returning Officer seven (7) days prior to the AGM**

**Approved at Committee Meeting 6/6/23**