## AUSTRALIAN PROFESSIONAL SNOWSPORT INSTRUCTORS INC. NOMINATION FORM FOR BOARD OF MANAGEMENT

Nomination:	
I(Insert Name of Proposer)	being a member of APSI, hereby nominate:
(Insert Name of Nominee)	of(Insert Address)
to the position of(Insert	of APSI for the elections to be t Position Title)
held at the Annual General Meeti	ng of APSI.
Nominee's Consent:	hereby accept the nomination.
Signature:	
Proposer:	Seconder:
Signature:	Signature:
Name:	Name:
Date:	Date:

\*\* To be considered, this form must be returned to the office 7 days prior to the AGM \*\*