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AUSTRALIAN PROFESSIONAL SNOWSPORT INSTRUCTORS INC NOMINATION FORM FOR BOARD OF MANAGEMENT

Nomination:

(Name of Proposer)	being a member of APSI, hereby nominate:
(Name of Proposer)	
	of(Address of Nominee)
(Name of Nominee)	(Address of Nominee)
o the position of(Please Select	of APSI for the elections to be One)
neld at the Annual General Meetin	ng of the APSI.
Nominee's Consent:	
(Name of Nominee)	hereby accept the nomination.
Signature:	Date:
Proposer:	Seconder:
Signature:	Signature:
Name:	Name:
Date:	Date:
** To be considered, this form mu	ust be returned to the office by 5pm Tuesday 26 May **

How Long have you been an APSI Member?

What is your preferred Australian resort?

Career Achievements:

Your Vision for the APSI (max 300 words):

Preferred email

I have attached a headshot to my submission email (300 x 300px in .jpg or .png format)

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