

Nomination:

Email: apsi@apsi.net.au

Post: PO Box 131

Jindabyne, NSW 2627

Phone: +61 2 64561255

AUSTRALIAN PROFESSIONAL SNOWSPORT INSTRUCTORS INC ORDINARY BOARD MEMBER NOMINATION FORM

I	heing a member of APSI, hereby nominate:
(Insert Member Name)	being a member of APSI, hereby nominate:
of	F
(Nominee Name)	(Address)
to the position of	of APSI for the elections to be ber Position)
held at the Annual General Meeti	
Nominee's Consent:	
I	hereby accept the nomination.
Signature:	Date:
Proposer:	Seconder:
Signature:	Signature:
Name:	Name:
Date:	Date:

^{**} To be considered, this form must be returned to the <u>APSI office</u> by 5pm Tuesday 1 June 2021 **

Nominee Information:	
lease complete the following questions which will be uploaded to the APSI website fo	or voting
purposes.	
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:	
have attached a headshot to my submission email	
300 x 300px in .jpg or .png format)	

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