



FORM OF NOMINATION – DIRECTOR APPLICATION OF THE MANSFIELD & DISTRICT BASKETBALL ASSOCIATION

I _____ of _____
(name and occupation) (address)

Desire to become a Director of the Mansfield & District Basketball Association.

In the event of my admission as a Director, I agree to be bound by the rules of the Association for the time being in force.

Signature of Applicant Date / /

I _____, a member of the Association
(name)

Nomination of the applicant who is personally known to me, for Directorship of the Mansfield & District Basketball Association.

Signature of Proposer Date / /

I _____, a member of the Association second the
(name)

Nomination of the applicant who is personally known to me, for Directorship of the Mansfield Basketball Association.

Signature of Secunder Date / /

Information statement to accompany nomination, including background, desire to be on the Board and the skills you will bring to the board.