NOMINATION FORM FOR KZN SHOW JUMPING COMMITTEE CHAIRMAN

NOMINEE	(Full Name)
PROPOSER	(Full Name)(Signature)
Declaration by Nominee:	
I hereby agree to be proposed for chairman of the KwaZulu-Natal Show Jumping Committee:	
SIGNED	
DATE	

- 1. NOMINATIONS FOR THE CHAIRMAN SHALL BE IN WRITING AND SHALL BE SIGNED BY THE PROPOSING MEMBER AND ACCEPTED BY THE PROPOSED MEMBER
- 2. A MEMBER MAY BE PROPOSED BOTH AS A COMMITTEE MEMBERS AND AS THE CHAIRMAN. IN THE EVENT OF THE ELECTED CHAIRMAN ALSO HAVING BEING NOMINATED AS A COMMITTEE MEMBER HIS/HER NOMINATION AS A COMMITTEE MEMBERS SHALL AUTOMATICALLY BE WITHDRAWN.
- 3. ALL NOMINATIONS MUST BE RECEIVED BY THE OFFICE NO LATER THAN 2PM ON TUES 7TH JANUARY 2014. Email: kzn@sashowjumping.co.za (scanned copy) or Fax: 031 768 1102 / 086 566 2321 ALL NOMINATIONS SHOULD INCLUDE A SHORT CV
- 4. THE VOTE FOR THE COMMITTEE SHALL TAKE PLACE ON THE WEBSITE <u>WWW.SASHOWJUMPING.CO.ZA</u> FROM 12 NOON ON FRIDAY THE 10TH JANUARY AND WILL CLOSE AT 12 NOON ON FRIDAY THE 17TH JANUARY 2014