

**APPEALS COMMITTEE NOMINATION**

All members of the Appeals Committee must abide by the THA Bylaws and Playing Rules.

Nominations must be in writing and signed by a duly authorised officer of a club within the Toowoomba Hockey Association in which the nominee is a registered member.

Nomination forms must be lodged with THA Office. Incomplete forms will not be processed.

A current Blue Card is required for this position. If the nominee does not have a Blue Card, one must be obtained prior to commencing the role.

NOMINEE

I, _____ (Nominee Name), being a Financial, Ordinary or Life member of the Toowoomba Hockey Association, do hereby nominate for the Toowoomba Hockey Association Appeals Committee.

CLUB:			
MOBILE:			
EMAIL:			
BLUE CARD:	CARD #:	EXPIRY:	
NOMINATION:	<input type="checkbox"/> DELEGATE	<input type="checkbox"/> PROXY	
SIGNED:			
DATE:			

CLUB OFFICIAL

I, _____ (Club Official Name), being a Financial, Ordinary or Life member of the Toowoomba Hockey Association, support the above nomination for the Toowoomba Hockey Association Appeals Committee.

POSITION:	
MOBILE:	
EMAIL:	
SIGNED:	
DATE:	

OFFICE USE ONLY:☐ **MEMBERSHIP STATUS CONFIRMED**☐ **APPROVED**☐ **NOT APPROVED**

Position	Signature	Meeting Date