

**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