



Northern Eagles Touch Football Inc

Nomination voting form for affiliate delegate 2024/25

I _____, wish to represent and being a financial member of _____
(Delegate Name) (Local Affiliate)

Current position held on affiliate: _____

On behalf of our Association we wish to nominate the above committee member to represent us at the Northern Eagles Annual General Meeting.

Will the delegate be attending the Northern Eagles AGM via

Face to face. _____

Zoom. _____

We confirm the above named meets the requirements of the NSWTA and Northern Eagles Touch Constitution.

Affiliate Secretary Name

Signature

Date

Affiliate
