

**HALLIDAYS POINT COMMUNITY LIAISON AND PROGRESS ASSOCIATION INC.
ELECTION OF OFFICE BEARERS**

NOMINATION FORM

I _____ on the _____
(Print Name) *(Date)*

do hereby nominate _____
(Print Candidate's Name)

being a financial member of the Hallidays Point Community Liaison and Progress Association Inc.
for the position of

(Position)

Proposer _____
(Print Name)

Signature _____

Seconded _____
(Print Name)

Signature _____

Candidate's Endorsement

I _____ on the _____
(Print Name) *(Date)*

being a financial member of the Hallidays Point Community Liaison and Progress Association Inc.

accept the nomination for _____
(Position)

Candidate _____
(Signature)

COMPLETED NOMINATION FORMS MUST BE DELIVERED TO THE ASSOCIATION SECRETARY
(at cspontin@gmail.com or PO Box 5216 Hallidays Point) AT LEAST SEVEN DAYS BEFORE THE
DATE OF THE ANNUAL GENERAL MEETING.