

AUSTRALIAN CROQUET ASSOCIATION INC. ARBN 089 265 707

NOMINATION FORM 2011

(Not required for Appointed Positions)

I(Full name)
Accept nomination for the position of:
Dated: Signed:
Nominator:
(Nominator is required to be a Representative of a State Association, see By Law 25.1.7)
BRIEF PROFILE OF NOMINEE
(Nominator is required to be a Representative of a State Association, see By Law 25.1.7)

Please forward to: ACA Executive Director PO Box 254 DICKSON, ACT 2602

before 27 November 2010