

**NOMINATION FOR
THE SCOTTISH TOUCH ASSOCIATION BOARD**

I, _____ (FULL NAME)

nominate _____

for the position of:

- President
- National Squad Director
- Development Director
- Treasurer
- Secretary

(please circle position/positions)

Signature of Member making Nomination _____

Date: _____

I, _____

second this nomination

Signature of Member seconding Nomination: _____

Date: _____

Signature of Nominee: _____

Date: _____