NOMINATION FOR

THE SCOTTISH TOUCH ASSOCIATION BOARD

I,	(FULL NAME)
nominate	
for the position of:	
PresidentTreasurer	
SecretaryDirector of Marketing	
 Director of Referees 	
(please circle position/positions)	
Signature of Member making Nomination	
Date:	
I,	
second this nomination	
Signature of Member seconding Nomination:	
Date:	
Signature of Nominee:	
Date:	