

# FORM 1

## Board Nomination

I, \_\_\_\_\_ (← your name) would like to nominate:

\_\_\_\_\_ (← nominee name)

to the Board of DCSSA as (please tick the box where appropriate):

### Odd Year (2017-19)

<b>President</b> For 2 years' term  (Tick here →) <input type="checkbox"/>	<b>Treasurer</b> For 2 years' term  <input type="checkbox"/>	<b>Board 1</b> For 2 years' term  <input type="checkbox"/>	<b>Board 2</b> For 2 years' term  <input type="checkbox"/>
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### Even Year (2016-18)

<b>Vice-President</b> For 1 year' term  (Tick here →) <input type="checkbox"/>	<del>Board 3</del>  <input checked="" type="checkbox"/>	<del>Board 4</del>  <input checked="" type="checkbox"/>	<del>Board 5</del>  <input checked="" type="checkbox"/>
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Nominator	Seconder	Nominee
Name	Name	Name
Signed	Signed	Signed
Date	Date	Date

Please return on or before:  
**Friday 22<sup>nd</sup> September 2017 by 1pm.**