



# Somerset County Archery Association

## Officer Nomination Form 2018

Post:			
Nominee:			
Proposer:	Signed:	Dated:	
Seconded:	Signed:	Dated:	
<b>I confirm that I am willing to stand for the above post</b>			
<b>Signed:</b>		<b>Dated:</b>	

*The above completed nomination form is to be returned to the Association Secretary in accordance with Section 43 of the Association's Constitution (31<sup>st</sup> May 2017).*

*Nominations for all posts will be in accordance with Clause 25.*

**Please ensure that all nominations are with the**  
**Association Secretary**  
**within the required timescale**