



**AUSTRALIAN CROQUET ASSOCIATION INC.**  
ARBN 089 265 707

**NOMINATION FORM 2010**  
(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**

Please forward to:  
*ACA Executive Director*  
*PO Box 675*  
*BRIGHTON SA 5048*

**before 16 November 2009**