



AUSTRALIAN CROQUET ASSOCIATION INC.
ARBN 089 265 707

NOMINATION FORM 2011
(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 254
DICKSON, ACT 2602

before 27 November 2010