

NOMINATION FORM

INDEPENDENT BOARD MEMBER 2020

<u>NAME</u>			
Name in full:			
Phone number/s:			
Email:			
Occupation:			
Please indicate which meeting times you would be available for if selected:			
	Daytime (business hours) Evening		
Both daytime and evening			
Important:	PLEASE ENCLOSE A COVERING LETTER SUMMARISING YOUR BUSINESS / BOWLS EXPESSION TO THE APPOINTMENTS PANEL.	ERIENCE FOR	
REFEREES:			
1. Name:			
Phone numbe	per/s:		
2. Name:			
Email:			
Phone numbe	per/s:		
IMPORTANT NO	OTE: Please return by Friday 15 th May 2020 to:		
	Auckland Bowls Inc		

PO Box 74 077
Greenlane
Auckland 1546

