



Lacrosse WA

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NOMINATION FOR LACROSSE WA DIRECTOR

LWA11

YEAR _____

POSITION _____

NOMINEE NAME _____

SIGNED _____

NOMINATED BY

1. _____ SIGNED _____

2. _____ SIGNED _____

This nomination must be signed by two members of the Association and the nominated person.

Refer to LWA Constitution Clause 19.

Please email scanned copy to executive@lacrossewa.com.au