



STAC NOMINATION FORM

This form is to be completed by nominees for election to Touch Football Australia - State and Territory Advisory Committee (STAC) for the positions of Elected General Members.

Full Name of Nominee _____

Date of Birth _____

Address _____

Phone Number _____

Email Address _____

Occupation and Employer _____

Summary of the applicant's claims for the relevant position to be attached separately, including, but not limited to;

- » Academic qualifications.
- » Relevant experience to the position as outlined in the Specific Responsibilities of a STAC General Member in the Standing Orders.
- » Current employment.
- » Touch experience (list relevant positions, qualifications, e.g. player, coach, administrator).
- » Current positions held by nominee in non-touch sport associations.

Nominator _____

Signature _____

Nominator Affiliated Association _____

Seconder _____

Signature _____

Seconder Affiliated Association _____



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Both the nominator and seconder must be authorised representative of an Affiliate of Touch Football Australia. Nominees note that an “Affiliate” means a local entity that conducts and/or administers touch football competitions and which is a member of TFA and has completed the Affiliate Regulations documentation required.

I, _____ the nominee for the above position hereby certify my willingness to accept the position for which I have been nominated.

Signed _____ **Date** _____

This Nomination Form is to be returned to the State Manager by the advised closing date.