**2024 AGM**

# Certificate of Appreciation Nomination Form

**The Management Committee,**

**North Queensland Touch Association** **Incorporated,**

**Sports House – Office 5a**

**3 Redpath Street**

**North Ward**

**Townsville QLD 4810**

|  |  |
| --- | --- |
| We the undersigned hereby propose and second |  |
|  | (Name of person being proposed) |

for a CERTIFICATE OF APPRECIATION of the North Queensland Touch Association

Incorporated.

Information supporting this nomination is as follows:

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|  |
| (Please attach any additional supporting documentation) |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Proposer |  | | |
| Address of Proposer |  | | |
| Signature of Proposer |  | Date |  |
| Name of Seconder |  | | |
| Address of Seconder |  | | |
| Signature of Seconder |  | Date |  |

**NOMINATIONS FOR CERTIFICATE OF APPRECIATION ARE CONSIDERED ONCE EACH YEAR AT THE AGM.**

**ALL NOMINATIONS MUST BE RECEIVED BY THE OPERATIONS MANAGER BY**

***FRIDAY26th APRIL 2024***