



# 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**

**FRIDAY 22<sup>ND</sup> MAY 2026**