



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:

(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 23rd MAY 2025