**NOMINATION FOR BUCKSKIN HORSE ASSOCIATION NSW COMMITTEE 2017/2018**

I nominate .......................................................................................... (insert full name)

For the position of .............................................................................. (insert position name)

Proposed by:...................................................................................... (insert full name)

Seconded by: .................................................................................... (insert full name)

**CONSENT OF NOMINEE**

I, ........................................................................................................ (insert full name)

Hereby give my consent to the above nomination.

Signature of nominee:...................................................... Date:.......................................

This completed nomination form is to be returned to the Secretary by 21st September 2017 being 7 days prior to the AGM.

Send to: The Secretary, Po Box 3087, Freemans Reach NSW 2756

Email: buckskinnsw@hotmail.com