

WESTERN CAPE

NOMINATIONS FOR THE OFFICE BEARERS OF THE WESTERN CAPE SHOW JUMPING COMMITTEE 2019

Nominee (Person you would like to nominate)

	Enter the full names of the	individual being nom	inated.	
Nominee SASJ No:	Nom	inee SAEF No.		
Nominee Cell No:	Nom	inee Email:		
	Position for which nomina	ted – please indicate	with an X	
WP SHOW JUMPING PRESIDENT	,			
WP SHOW JUMPING VICE PRESI	DENT			
WP SHOW JUMPING TREASURED	R			
WP SHOW JUMPING OFFICIALS				
WP SHOW JUMPING LIAISON AND MARKETING				
WP SHOW JUMPING SECRETARY				
	WP SHOW JUMPING ATHLETES REP			
WP DEVELOPMENT & TRANSFORMATION				
WE DEVELOPMENT & TRANSFORMATION				
Member SASJ No:	Mom	ber SAEF No.		
•				
Member Cell No:	Mem	ber Email:		
CLUBS CONFIRMATION OF NOMIN	ATED MEMBERS GOOD STAND	ING		
I hereby confirm that the person be			nd is in good standing	with the club.
SIGNATURE OF CLUB CHAIRMAN	NAME	DATE		
(or duly authorized person)				
SIGNATURE OF MEMBER NOMINAT	ING AND MEMBER BEING NOMI	NATED_		
I hereby confirm that I am a memb	er in good standing of the SAEF	, a recognized Club a	nd SASJ	
Date				
MEMBER NOMINATING MEMBER BEING N		IG NOMINATED		
(I hereby confirm my nomination of the abo	ve member) (I hereby accept	eby accept my nomination)		