

SOUTH AFRICAN SHOW JUMPING

NOMINATIONS FOR THE OFFICE BEARERS

	<u>PROVINC</u>	<u>CE:</u>		<u></u>	
_	Nominee (PERSON YOU WOULD LIKE TO NOMINATE)				
	Enter the full names of the individual being nominated				
	Nominee SASJ No:		Nominee SAEF No:		
	Nominee Cell No:		Nominee Email :		
	Position for which nominated – please indicate with an X				
	SHOW JUMPING CHAIRMAN				
	SHOW JUMPING CO	OMMITTEE MEMBER			
<u>Not</u>	es:				
•	Please attach a short CV of the nominee to be submitted with the Nomination form to the SASJ Office				
	 megan@sashowjumping.co.za by no later than the 02 February 2015 at 12h00 midday. 				
MEI	MEMBER nominating the Nominee (please print full names)				
_ [Member SASJ No:		Member SAEF No:		
	Member Cell No:		Member Email :		
L					
	Member Club Name	e:			
CLUBS CONFIRMATION OF NOMINATED MEMBERS GOOD STANDING					
I hereby confirm that the person being nominated is a member ofClub and is in					
	d standing with the	•	is a member of	Club and is in	
••••	IATURE of CLUB CHAIRM duly authorized person)	nan Name		Date	
<u>SIG</u>	NATURE OF MEM	1BER NOMINATING AN	D MEMBER BEING	NOMINATED	
I he	reby confirm that I a	m a member in good stand	ing of the SAEF, a reco		
	EMBER NOMINATIN	Date		DATE MEMBER BEING NOMINATED	
	reby confirm my nomina		(I hereby accept my nomination)		