



NOMINATIONS FOR THE PRESIDENT NORTHERN CAPE
SOUTH AFRICA SHOWJUMPING

Name of Nominating Club: _____

Name of Nominee *(please print full names)*

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Position for which nominated – *please indicate with an X*

1. PROVINCIAL PRESIDENT NORTHERN CAPE	
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SASJ No		ID No	
Cell		Email	

Notes:

Chair/Vice Chair Club nominating

Date

Secretary of nominating Club

Date

Nominee

Date

Signature of the individual being nominated, indicating only that he/she accepts the nomination.

Nominations must be received 7 days before the SGM.

Nominations to be sent to the SASJ Office: tiffany@sashowjumping.co.za