

RDA NSW STATE DRESSAGE COMMITTEE

NOMINATION FORM

I, _____ certify that I am a member of Riding
for the Disabled Association (NSW) at _____ Centre and hereby
nominate _____ for the position of _____
(Chairperson, Secretary, General Committee, Riders Representative)

Nominee:

As above named nominee, I accept this nomination and certify that I am a
member of Riding for the Disabled Association (NSW) at _____
Centre.

Signed: _____ Date: _____

Nominator:

Signed: _____ Date: _____

Seconder:

I, _____ certify that I am a member of Riding
for the Disabled Association (NSW) at _____ Centre and hereby
second the above nomination.

Signed: _____ Date: _____

Nominee profile attached: Yes / No