

**NOMINATION FORM**

for

Office-Bearers and Committee of the Orchid Society Of New South Wales

**Position** nominated for \_\_\_\_\_

Candidate (Full Name) \_\_\_\_\_

Signature \_\_\_\_\_

Nominated by (Full Name) \_\_\_\_\_

Signature \_\_\_\_\_

Nominated by (Full Name) \_\_\_\_\_

Signature \_\_\_\_\_

Date Received \_\_\_\_\_

Secretary Signature \_\_\_\_\_