



# THE SCOTTISH SUB-AQUA CLUB Nomination Form 2014



## 1. Nominee Details

|                    |   |
|--------------------|---|
| Full name:         |   |
| Address:           |   |
| Post code:         |   |
| Telephone:         |   |
| E-mail:            |   |
| Branch:            |   |
| Membership no:     |   |
| Post applying for: | Director / National Diving Council Member |

## 2. Nomination

| Nominator      | Seconder       |
|----------------|----------------|
| Name:          | Name:          |
| Address:       | Address:       |
| Branch         | Branch         |
| Membership no: | Membership no: |
| Signature:     | Signature:     |

## 3. Personal Statement

Please provide a personal statement of up to 100 words about why you wish to be considered for the above post. This may be used for publication prior to the election of Directors/NDC Members.

I declare that the information I have given in this application is accurate and true. I understand that providing misleading or false information will disqualify me from appointment or, if appointed, may result in my removal.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_