

Pony Club WA Sports Committee

Nominated Members - Nomination Form



Eligibility:

Nominated Committee members must be a member of a club affiliated with Pony Club WA whose nomination is approved by their zone in accordance.

Process:

- a. Clubs submit nominations for each Committee to the zone on the prescribed nomination form.
- b. Zones list the nominations for each Committee in order of preference on the prescribed nomination form.
- c. Zone President and Zone Secretary to approve/decline nomination and sign committee nomination form.
- d. Each Zone must forward all Committee nominations directly to Pony Club WA office to be submitted to the CEO to support Zones recommendation for approval/decline.
- e. Should the number of nominees exceed the number of vacancies, each zone's first listed nominee will fill the vacant positions and all other zone nominees will be balloted by the Board to fill any remaining positions.
- f. No zone shall be represented by more than one quarter of the members of a Committee, unless no other nominations are received.
- g. Should the number of vacancies exceed the number of nominations, these positions shall become casual vacancies and may be filled by nominated or appointed members for the remainder of the 12-month term set out in clause 13(a) in the Committee Terms of Reference.

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| <input type="checkbox"/> Term Commencing 01 March <i>Nominations close 22 February</i> | <input type="checkbox"/> Term Commencing 01 September <i>Nominations close 22 August</i> |
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|--------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------|
| We wish to nominate the following Representative to the Sport Committee named below: | | |
| <input type="checkbox"/> Active Riding | <input type="checkbox"/> Dressage | <input type="checkbox"/> Eventing |
| <input type="checkbox"/> Hickstead & Hunter Trials | <input type="checkbox"/> Showjumping | <input type="checkbox"/> Tetrathlon |
| <input type="checkbox"/> Vaulting | <input type="checkbox"/> Quiz | |

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|------------------------------------------|--------------|
| Name of Nominee: | |
| Phone: | Email: |
| WWC#: | Expiry Date: |
| Zone: | |
| Signed Club President/Secretary: | Date: |
| Signed Zone President: | Date: |
| Signed Zone Secretary/Coach Coordinator: | Date: |

Return to: sports@ponyclubwa.asn.au

For more information and/or a copy of the Terms of Reference please contact sports@ponyclubwa.asn.au

CEO Signature

Ratification Date
