



NOMINATION FORM

I, _____ FULL NAME

Of _____ FULL ADDRESS

Nominate _____ FULL NAME

For the position of _____

Signature of proposer _____

Signature of seconder _____

NOMINATION ACCEPTANCE

I, _____ FULL NAME

Of _____ FULL ADDRESS

Accept nomination for the position of: _____

I agree to abide by the rules and regulations of Bega Access Radio Inc.

Signature of nominee: _____

Nominations should be placed in a sealed envelope and handed or posted to –

The Secretary, 93.7 Edge FM, PO Box 771, BEGA NSW 2550

Or a signed email copy to station@edgefm.org.au

Nominations must be received by no later than 5pm on 08/12/2020