



MIND SPORTS SOUTH AFRICA

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NOMINATION FORM

1. Name of Registered Player

2. Postal address: _____

_____ Code: _____

3. Telephone number: (0____) _____

Cell number _____

e-mail: _____

Facsimile number _____

4. Number of Years served on MSSA or club's committee: _____

5. I hereby wish to stand for the following positions:

Position	Term in years	Signature

Terms:

Have served a full term on the Management Board, or

1. Board position - 3 years
2. Provincial Director - 2 years
3. Regional Director - 1 year

I acknowledge that all the above information is true and correct.

Name of Club Representative

Date

Name of Club Representative

NB: Please submit a CV by 10 November 2022