



**Motorcycle Riders' Association of South Australia Inc.**  
 GPO Box 1895  
 Adelaide SA 5001  
 W: <http://www.mrasa.asn.au>  
 E: [secretary@mrasa.asn.au](mailto:secretary@mrasa.asn.au)

## NOMINATION FORM

Date of Annual General Meeting: 17<sup>th</sup> February 2025

I [PRINT NAME] .....

membership number .....

wish to nominate [PRINT NAME] .....

for the MRASA Inc Committee position of : .....

..... Signed [NOMINATOR] .....

Seconded by [PRINT NAME] .....

membership number .....

Signed [SECONDER] .....

Accepted by [NOMINEE'S NAME] .....

membership number .....

Signed [NOMINEE] .....

*Let those who Ride Decide*



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Accepted by [NOMINEE'S NAME] .....

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Signed [NOMINEE] .....

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## Nomination Form Information

### 1. Your name and membership number

Please print your name and MRASA membership number as it appears on your membership card.

### 2. Secunder's name and membership number

Please print the name and MRASA membership number as it appears on the seconder's membership card. The seconder cannot be the nominator or the nominee.

### 3. Nominee

Your nominee must be a member of the MRASA and in accordance with the MRASA constitution bylaws must have been a member of the MRASA for at least 12 months prior to the date of the AGM. The nominator can be the nominee.

### 4. Membership status

The nominator, seconder and nominee must all be current financial members of the MRASA.

### 5. Nomination form deadline

Your nomination form must be in the Secretary's hand prior to the stipulated commencement time of the Annual General Meeting.

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