



Queensland Masters Squash Association Inc.

Email : secretary@qmsa.asn.au

NOMINATION FORM 2025-2026 QMSA COMMITTEE

TO BE RECEIVED BY QMSA SECRETARY
BY 5PM, SUNDAY 20TH APRIL 2025 (BY EMAIL)

Proposer:

I,
Member of the Queensland Masters Squash Association,
(Print Name of Proposer)

nominate
(Name of Individual – please print)

as in accordance with the Constitution.
(Position title – please print)

Signed: Date:
(Signature of Proposer)

Secunder:

I,
Member of the Queensland Masters Squash Association,
(Print Name of Secunder)

nominate
(Name of Individual – please print)

as in accordance with the Constitution.
(Position title – please print)

Signed: Date:
(Signature of Secunder)

Nominee:

I, (Name of Nominee – please print)

Member of the Queensland Masters Squash Association, consent to the above nomination.

Signed: Date:
(Signature of Nominee)