



NSW TBA Disabilities Sub Committee

c/- 31 Felix Avenue
Horsley NSW 2530
Telephone: (02) 42609515
Mobile: 0414432116
Email: markandsusanne@bigpond.com

NOTICE OF ANNUAL GENERAL MEETING

Venue: Seven Ten Split (Fairfield Bowling)
21 Railway Pde, Fairfield NSW 2165

Date: Sunday 26th February 2012

Time: 1.30pm

AGENDA

1. Roll Call and Apologies
2. Minutes previous Annual General Meeting
3. Business arising from Minutes
4. Reports: Presidents
Secretary
Treasurer
State Team
5. Notices of Motion received and advised
6. General Business
7. Stand down of old Committee
8. Nomination of Returning Officer
9. Election of Officers: Chairperson
Vice Chairperson
Secretary
Treasurer
Bowlers Delegate
Tournament Director (State Championship /Masters/ Roll Offs)
Delegate Re: Reporting to NSW TBA Board
10. Meeting Closed at



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NOTICE OF MOTION FORM

Submission by an individual Member or Association

I / We: _____

Address: _____

Submit the following Notice of Motion:

(To be dealt with at the AGM Meeting of the NSW TBA Disability Sub Committee to be held on the 26th February 2012)

MOTION:

PURPOSE OF MOTION:

MOVERS' SIGNATURE: _____ TBA Registration No: _____

ASSOCIATION: _____

SECONDEES' SIGNATURE: _____ TBA Registration No. _____

ASSOCIATION: _____

This form is to be returned by Friday 17th February 2012 to NSW TBA Disability Sub Committee, 31 Felix Ave, Horsley NSW 2530 or E-Mail: markandsusanne@bigpond.com



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NOMINATION FORM FOR COMMITTEE MEMBER

Positions: President, Vice President, Secretary, Treasurer, 2 Bowlers Representatives

I, _____ wish to nominate for the position of _____

on the NSW TBA Disability Sub Committee.

Address _____

Current TBA Number: _____.

Centre or Association: _____

I am a TBA member in good standing of the above mentioned Centre or Association and am prepared to promote the sport of Tenpin Bowling in NSW, attending events and meetings held by the NSW TBA Disability Sub Committee

Signature of Nominee: _____

Contact Details: Phone No: _____

Mobile No: _____

Email Address: _____

Nominated By: _____ TBA No: _____

Seconded By: _____ TBA No: _____

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CLUB VOTING DELEGATE NOMINATION FORM

Submission by a TBA Registered Centre or Association

Centre or Association: _____

Submits,

Name: _____

Address: _____

Is a TBA Registered Member in good standing of the above mentioned Centre or Association and the respective Centre or Association Delegate?

Nominated By: _____ Position: _____

Signature of Nominee: _____

Contact Details: _____ Phone No: _____

_____ Email Address: _____

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