



Queensland Masters Squash Association Inc.

Email : secretary@qmsa.asn.au

NOMINATION FORM 2026-2027 QMSA COMMITTEE TO BE RECEIVED BY QMSA SECRETARY BY 5PM, SUNDAY 19TH APRIL 2026 (BY EMAIL)

Proposer:

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

nominate
(Name of Individual – please print)

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

Signed: Date:
(Signature of Proposer)

Secunder:

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

nominate
(Name of Individual – please print)

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

Signed: Date:
(Signature of Secunder)

Nominee:

I,
(Name of Nominee – please print)
Member of the Queensland Masters Squash Association (QMSA), consent to the above nomination.

Signed: Date:
(Signature of Nominee)