



NOMINATION FORM

Membership Snowy River Interstate Landcare

I, PRINT NAME: _____ wish to nominate to become a member of Snowy River Interstate Landcare Committee Inc

Signature of Proposer 1 _____

Signature of Proposer 2 _____

Membership is for one year at the fee of \$15.00 and is payable with this nomination form.

Signature of candidate _____ date _____