

NORTHSIDE BEEKEEPERS' ASSOCIATION INC. Nomination Form

I wish to nominate	for the position of
Proposer Name:	Signature:
Seconder Name:	Signature:
I accept the above nomination (signed)) Date
[This form must be received by the S	ecretary fourteen days prior the meeting.]
Email: nbkasecretary@gmail.com Postal Address: PO Box 582 Kallangur	·, 4503
THE SHOP BY THE PARTY OF THE PA	EKEEPERS' ASSOCIATION INC. Iomination Form
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