Club Senior Treasurer Nomination Form 2024-25

Instructions: Sections One to Four to be completed by Nominee (Senior Treasurer).

Section Five to be completed by the Club Secretary.

# Section One - Details of Person Nominated

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Contact Tel. No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are a graduate of UCD please complete Section Two, otherwise please proceed to Section Three.

# Section Two - UCD Graduate

**Year of Graduation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Course of Study:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student No:**

Where name and / or address at graduation is different to that shown in Section One, please provide details on the reverse of this form.

# Section Three - UCD Staff Member

**UCD Staff Number:** \_\_\_\_\_\_\_\_\_\_\_\_ **UCD Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Extn. Number:** \_\_\_\_\_\_\_\_\_\_\_\_ **UCD E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Section Four - Declaration by Person Nominated as Senior Treasurer

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , agree to act as Senior Treasurer for the UCD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Club for the 2024/2025 Academic Year.

I have read the UCD Clubs Operations Manual and the UCD AUC’s Code of Conduct for Sports Club Committee Members. I fully understand the duties and responsibilities of Senior Treasurer as outlined in the manual and agree to abide by the UCD AUC Code of Conduct for Sports Club Committee Members.

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_

## Section Five – Club Secretary

**Nominated by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name (Block Capitals):** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office Use:** Date Received: \_\_\_\_\_\_\_\_ Received By: \_\_\_\_\_\_\_\_\_

Date Processed: \_\_\_\_\_\_\_\_ Processed By: \_\_\_\_\_\_\_\_\_

Decision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Mandate Received: Yes/No Date: \_\_\_\_\_\_\_\_