

**NOMINATION FORM FOR OFFICIALS – 20 /20**

1. Position Nominated:

2. Full Name of Nominee:

3. Membership No: Area:

4. Residential Address: Post Code:

5. Home Phone Mobile:

6. Email Address:

7. Previous Positions held within the Association (*Most recent first*)

Position	Year Start	Year End	Achievements / Contributions

8. Positions currently held at other organisations (*for information only*)

Position	Organisation's Name	Duration (e.g. Jan. 2024 – Present)

I declare that the information provided above is true and correct. If selected for the above-mentioned position, I pledge to serve the Association and its members honestly and to act in accordance with its constitution and policies.

Signature of Nominee: Date:

Details of two Endorsers

1. Full Name:

Membership No: Area:

Residential Address: Post Code:

Signature: Date:

2. Full Name:

Membership No: Area:

Residential Address: Post Code:

Signature: Date:

--For office use only--

Status before AGM: ☐ Valid ☐ Not endorsed ☐ Withdrawn by nominee ☐ Disqualified (.....)Outcome at AGM: ☐ Elected – Unanimously ☐ Elected – Majority ☐ Not Elected

Date Nomination Received: