



SOUTH WEST REGION NOMINATION FORM

Please **type** or **print** the required information in the spaces provided

1.	Position this nomination is for:			
2.	Nominee details:			
	Surname:			
	Given name(s)		Mr/Mrs/Ms/Miss	
	Membership no:			
	Address:			
	Postcode:			
	Telephone no:		Email:	
	Consent to nomination <i>I confirm I have agreed to be nominated for the above office and I am eligible to do so</i>			
	Nominee signature:		Date:	
3.	Proposer details:			
	Full name:			
	Membership no:			
	Position: <i>(i.e. Life/Individual Member Association/ Regional Secretary etc)</i>			
	Organisation:			
	Address:			
	Postcode:			
	Telephone no:		Email:	
	Proposer signature:		Date:	
4.	Second details			
	Full name:			
	Membership no:			
	Telephone no:			
	Seconder signature:		Date:	

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