



HOME COUNTIES DIVISION

NOMINATIONS FORM



I wish to nominate.....

For the position of

Please state Officer position – Chair / Deputy Chair / Administrator / Treasurer / Digital Champion

Proposed by..... Club number

BLOCK CAPITALS

Signature

Seconded by..... Club number

BLOCK CAPITALS

Signature

This section to be completed by the nominee:

I agree to stand for election as Home Counties Division Chair /

Deputy Chair / Administrator / Treasurer / Digital Champion

Please delete as necessary

Name Club number

BLOCK CAPITALS

Signature

Date:

All nominations must be received by the Administrator of the Division in writing, at least 28 days prior to the Divisional Annual General Meeting – up to 13th September

Divisional Administrator – Mrs Linda Allen
administrator@homecountiesdivisioncamc.co.uk