



NOMINATION FOR OFFICE

Nomination For: _____
(Position and/or Board or Committee)

Nominees Name: _____
(Given Name) (Surname)

Address: _____

Phone: _____ Mobile: _____

Email: _____

Member of: _____ SLSC

Proposed by: _____ (Full name)

Signature: _____ Date: _____

Seconded by: _____ (Full Name)

Signature: _____ Date: _____

I agree to the nomination: _____ Dated: _____
(Signature)

Endorsed by

Name Position Signature Date

Name Position Signature Date

*****Please note the form must be completed in full to be eligible for nomination***