



AGM NOMINATION FORM

AGM of:

_____ *Print the Name of the Support Group*

Date of AGM:

_____ *Print the date of the AGM*

Position:

_____ *Print the Officer Bearer Position of Nomination*

Name:

_____ *Print the full name of the person being nominated*

Signature:

_____ *Signature of the person being nominated*

Seconded by:

_____ *Print the full name of the who supports this nomination*

Signature:

_____ *Signature of the person supporting the nomination*