

Nomination Form

PAFA Executive Council

Nominee:

Member Name: _____
Member ID Number: _____
Address: _____
Contact No: _____

Nominator:

I (Member's name): _____ wish to nominate
Nominee (Nominee's name) _____ for the
Position of _____
Nominator's Address: _____
Contact No: _____
Signature: _____ Date: _____

Seconded:

I (Member's name): _____ wish to second
Nominee (Nominee's name) _____ for the
Position of _____
Seconded's Address: _____
Contact No: _____
Signature: _____ Date: _____

Acceptance:

I (Nominee's name): _____ accept this
nomination for the Position of _____
Signature: _____ Date: _____

For office use only:

Nomination form completed correctly
Nomination has been accepted

YES / NO
YES / NO

Accepted by Returning Officer: _____
Signature: _____