

Annual General Meeting COMMITTEE ELECTION NOMINATION FORM

Full name:	Date:
Student no:	Membership no:
Position:	
Signature:	
NOMINATION SECONDED BY:	
Member 1	
Full name:	
Student no:	Membership no:
Signature:	
Member 2	
Full name:	
Student no:	Membership no:
Signature:	

NOMINATION RECEIVED BY:

Date: