
UFUQ

UFUQ SCM Central Region Officer Nomination Form

We the undersigned, being financial members of the Central Region for which an election is being conducted, nominate:

(Print full name)

Name: _____

for the position of: _____

Nominators

Name

Signature

Consent to Nomination

I _____, a financial member of the Central Region for which an EIO is being called agree to act if elected.

Address: _____

Postcode:

Telephone: (Home) _____ (Mobile) _____

Email: _____

Signature: _____ Date: _____

Please ensure your personal email address has been provided.