
UFUQ

UFUQ Local Branch Nomination Form

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

Name: _____ (Print full name)

for the position of: _____

Nominators

Name

Signature

_____	_____	_____
_____	_____	_____
_____	_____	_____

Consent to Nomination

I _____, a financial member of the Local Branch for which an election is being conducted, agree to act if elected.

Address: _____

Postcode:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Telephone: (Home) _____ (Mobile) _____

Email: _____

Signature: _____ Date: _____

**Acknowledgement correspondence from the Returning Officer will be sent via email.
Please ensure your personal email address has been provided.**