

COUNCIL 2017

NOMINATION FORM



We do hereby nominate _____ to represent

Mashonaland/Matabeleland/Midlands/Diaspora Chapter (delete appropriate) in the Council of 2017/8.

Name & signature:

Name & signature (1) _____

Name & signature (2) _____

Name & signature (3) _____

THE NOMINATION FORM MUST BE FILLED & SIGNED BY ALL THREE MEMBERS NOMINATING A CANDIDATE OF THEIR CHOICE ON THE SPACES PROVIDED.

ALL NOMINATIONS FORMS MUST BE SUBMITTED TO THE REGISTRAR ON OR BEFORE 4:30 PM ON 19 MAY 2017. NOMINATION FORMS RECEIVED AFTER THIS DATE WILL NOT BE CONSIDERED.