

Non-Profit Organization Fund Raising Number:

006-421 NPS

NOMINATION FORM

I, being a fully paid up member of t				
			the post as indicated:	
Name of Nominee		Position	Signature of Nomin	ee
Signed on this	day of		2020	
Signature of member:				
Print name:		Membership nu	mber:	
Seconded by:				
Signature of member:				
Print name:		Membership nu	mber:	
Signed on this	day of		2020	

To be valid this nomination form must reach the Secretary no less than 72 hours before the appointed time of the meeting, signed & dated by the member making the nomination and the member seconding the nomination. Please scan and e-mail to: secretaryfops1@gmail.com