



NOMINATION FORM

I, _____ membership number: _____

and being a fully paid up member of the Society do hereby nominate the
following person to the post as indicated.

Name of Nominee	Position	Signature of Nominee

Signed on this _____ day of _____ 2018

Signature of member: _____

Print name: _____ Membership number _____

Seconded by:

Signature of member: _____

Print name: _____ Membership number: _____

Signed on this _____ day of _____ 2018

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: secretary@fops.org.za