

BRANCH NOMINATION FOR COUNTY CHAIR



To:	[Membership Engagement Officer]
We certify that:	
was nominated for the election of:	COUNTY/DISTRICT

FOR COMPLETION BY THE NOMINEE *(Please use tick box as appropriate)*

- I do not have any unspent conviction for an offence involving dishonesty or deception
- I am not an undischarged bankrupt
- I have not been disqualified as a company director under the Company Directors Disqualification Act 1986
- I have not been removed from trusteeship of charity by a Court of Law or the Charity Commission
- There are no medical reasons preventing me from fulfilling the duties of County/District Chair

I accept the above Nomination and certify that all the above statements are true.

Signature of Nominee:

Date:

MEMBERSHIP NUMBER:

FOR COMPLETION BY THE BRANCH *(Please use tick box as appropriate)*

A CV and a passport-sized photograph of the nominee are enclosed.

Evidence of current membership has been seen and verified.

Branch Accounts and MS1 have been submitted.

Signature:

Date:

CHAIR

SECRETARY

CONTACT DETAILS FOR BRANCH CORRESPONDENCE

NAME:

EMAIL:

PHONE NUMBER:

ADDRESS:

FOR OFFICE USE ONLY

Date of Receipt:

Signature of MSO:

Comments: