

NOMINATIONS FORM



I wish to nominate	
For the position of Please state Officer position – Chair / Deputy Chair / Administrator / Treasurer / Digital Champion	
Proposed by: (BLOCK CAPITALS PLEASE)	Club Number:
Signature:	
Seconded by: (BLOCK CAPITALS PLEASE)	Club Number:
Signature:	
This section to be completed by the nominee:	
I agree to stand for election as Home Counties Division Chair / Deputy Chair / Administrator / Treasurer / Digital Champion Please delete as necessary	
Name: (BLOCK CAPITALS PLEASE)	Club number:
Signature	
Date:	

All nominations must be received by the Administrator of the Division in writing, at least 28 days prior to the Division Annual General Meeting – up to 16th August 2025

Division Administrator – Mrs Linda Allen administrator@homecountiesdivision.co.uk