

NOMINATION – To the Community Co-ordinator / CEO

LOCAL AUTHORITY AREA

	1. NOMINATORS TO COMPLETE (Please PRINT)	
We	e, the residents named below, are aged 18 years or over and are resident in the Local Authority area.	
We	hereby nominate:	
Firs	st name: Family name:	
as	an ordinary member of the Local Authority.	
	NOMINATORS s nomination MUST be signed by two (2) persons aged 18 years or over and resident in the Local Authority Area.	
Na	me (Please PRINT) and Signature Address (Please PRINT)	
1.	NAME	

Signature

Signature

NAME

2.



2. NOMINEE CONSENT AND DECLARATION (Please PRINT)

	LOCAL AUTHORITY AREA
l , First name ₋	Family name
of	
	(Residential Address)
hereby cons Local Author	sent to be nominated as an ordinary member ofrity.
I declare tha	at I am eligible to be nominated as a member of
	rity because I am aged 18 years or over and I am resident in theLocal Authority Area.
Signature of	f Nominee Date