

Nomination Form

District/Department Representative

District/Department Code _____

I, the undersigned, agree to act as Representative for the above District or Department in accordance with the Union Rule Book. My duties will be to represent the District/Department at Regional Committee meetings and be responsible for all aspects of communication of Union business. In accepting this nomination I agree to serve for the period to 31st December 2011.

Name _____ Signature _____

Membership Number _____ Date _____

Nominated by:

Name _____ Signature _____

Membership Number _____ Date _____

Seconded by:

Name _____ Signature _____

Membership Number _____ Date _____

Please return this form to the Union's Offices.

A copy of the Rules of the Union may be obtained on request from the Union's Offices.

In the event that there is more than one nomination for this position an election shall be held.

Please supply the following information about the candidate to be used for record purposes after the election:

Nationwide Job Title _____

Home Address _____

_____ Postcode _____

Home Telephone Number _____ Office Telephone Number _____

Mobile Telephone Number _____ Office Fax Number _____

Work E-mail Address _____ Name of Line Manager _____

Home E-mail Address _____