



NAMPS NOMINATION FORM 2024/2025

Name of Nominee (add your name here)

E-mail address:.....

Telephone number (work):.....

Nomination for office (add Executive or ex-officio role here) ...

1. NAMPS member

I confirm that I support the appointment of the above nominee

Name of member

Signature of member / electronic signature

Date

2. NAMPS member

I confirm that I support the appointment of the above nominee.

Name of member

Signature of member.....

Date

3. NAMPS member

I confirm that I support the appointment of the above nominee.

Name of member

Signature of member.....

Date

4. NAMPS member

I confirm that I support the appointment of the above nominee.

Name of member

Signature of member.....

Date

Please return to nampsexecs@gmail.com