



NOMMINATIONS FOR OFFICE **BEARERS WCERA**

Name of Nominator: _____

SAEF number: _____

Name of Nominee: _____

SAEF number: _____

Position for which nominated - *please indicate with an X*

Chairman	
Treasurer	
Secretary	

Nominator OR Chairman of Nominating Club

Date

Signature of the Member making the nomination indicating that the nomination has been made and approved by the Member shown above in the first line. All application forms are to be signed.

Nominee

Date

Signature of the individual being nominated, indicating only that he accepts the nomination.