



SRHSB NOMINATION FORM

(For a candidate to be considered as a Trustee (Member of Executive Committee))

SRHSB NOMINATION FORM (TRUSTEE) (Executive Committee)

NOMINEE

I agree to be nominated as a Trustee of the Society for Research into Hydrocephalus and Spina Bifida (SRHSB) and to serve on their Executive Committee. I confirm I have not been disqualified from being involved in the management or control of a UK Charity.

| | | | |
|--|--|-----------|--|
| Signed | | Date | |
| Name (In full) | | | |
| Address | | | |
| Town/City | | Postcode | |
| Home Tel No | | Mobile No | |
| Email | | | |
| Date of Birth | | | |
| A brief biography will be included with Voting Papers, where this is required (please provide max of 50 words in space provided overleaf) | | | |

PROPOSER

I propose the above named as eligible for consideration as a Trustee of SRHSB. I confirm I am a member of SRHSB.

| | | | |
|----------------|--|-----------|--|
| Name (In full) | | | |
| Address | | | |
| Town/City | | Postcode | |
| Home Tel No | | Mobile No | |
| Email | | | |
| Signed | | Date | |

SECONDER

I second the proposal of the above named as eligible for consideration as a Trustee of SRHSB. I confirm I am a member of SRHSB.

| | | | |
|----------------|--|-----------|--|
| Name (In full) | | | |
| Address | | | |
| Town/City | | Postcode | |
| Home Tel No | | Mobile No | |
| Email | | | |
| Signed | | Date | |

SRHSB NOMINATION FORM

(For a candidate to be considered as a Trustee (Member of Executive Committee))



| | |
|---|--|
| Nominee's Biography (Max 50 Words) | |
| Name | |
| | |