**IAIAsa NOMINATION FORM:**

**GAUTENG BRANCH COMMITTEE MEMBER**

**FORM**

|  |
| --- |
| **NOMINATOR** |
| **Name and Surname of Nominator:** |  |
| **Nominator’s IAIAsa Membership Number:** |  |
| **Name and Surname of Nominee:** |  |
| **Nominee’s IAIAsa Membership Number:** |  |
| **Nominator’s Brief Motivation for Nomination:** |
| **Background Information of Nominee:** | Picture of Nominee: |
| **Signature of Nominator:** |  |
| **Date:** |  |

|  |
| --- |
| **SECONDER** |
| **Name and Surname of Seconder:** |  |
| **Seconder’s IAIAsa Membership Number:** |  |
| **Signature of Seconder:** |  |
| **Date:** |  |

I, ........................................................................................(insert full name), hereby accept my nomination to serve on the IAIAsa Gauteng regional committee for the 2019/2020 financial year.

IAIAsa Membership no.........................................................

Signature:.............................................................................

Date:.....................................................................................