2024/26 Nomination Form



For **Holy Trinity College Past Students’ Association**

Executive Committee Positions

**Position** (Please tick one)

| □ President | □ Membership Officer |
| --- | --- |
| □ Vice President | □ Public Relations Officer |
| □ Honorary Secretary | □ Community Work Officer |
| □ Honorary Treasurer | □ Fund-Raising Officer |

**Nominee**

Name: Graduation Year:

Contact Number: Email address:

Signature of Nominee:

Membership: Ordinary/Life Member\*

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| Nominated by: |  | Signature: |  |
| --- | --- | --- | --- |

HTCPSA Member/Honorary President \*

| Seconded by: (1) |  | Signature: |  |
| --- | --- | --- | --- |

Membership: Ordinary/Life Member\*

| Seconded by: (2) |  | Signature: |  |
| --- | --- | --- | --- |

Membership: Ordinary/Life Member\*

The nominee indicates her consent to accept the office or position if elected by signing above, where indicated.

This form is to be used if any of the above persons cannot present in person at the election.

This form must reach the President the latest by 20 April 2024.

\*Please delete if inappropriate