 2019/20 Nomination Form

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

Alumni Manager

**Nominee**

Name: Graduation Year:

Contact Number: Email address:

Signature of Nominee:

Membership: Ordinary/Life Member\*

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

Membership: Ordinary/Life Member\*

|  |  |  |  |
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| Nominated by: (2) |  | Signature: |  |

Membership: Ordinary/Life Member\*

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

Membership: Ordinary/Life Member\*

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

Membership: Ordinary/Life Member\*

|  |  |  |  |
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| Seconded by: (3) |  | Signature: |  |

Membership: Ordinary/Life Member\*

The nominee indicates

-her consent to accept the position if elected by signing above, where indicated,

-that she has no personal interest in the affairs, business and operations of Holy Trinity College (HTC) in that she is not connected with any current pupil or serving staff of HTC. For the avoidance of doubt, a pupil or serving staff is connected with a candidate if he/she is a child, grandchild, parent, grandparent, brother, sister or spouse or any person living with the candidate as her partner, and

-her understanding that, if elected, she shall hold office as the Alumni Manager in the HTC Incorporated Management Committee from September 2019 to August 2020.

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 Apr 19, 2019.

\*Please delete if inappropriate