

Officer Nomination Form

Which Office?					
Candidate Name					
Candidate Membe	rship Number				
I hereby consent for	my nomination for	r the office specifi	ed above to go fo	rward	for election.
Signature			Da	ate	
Nominated By:					
Nominator Name:					
Nominator Membership Number					
I hereby nominate the Signature	ne person named a	above for the offic	·	ate	
Seconded By:					
Seconder Name:					
Seconder Membership Number					
I hereby second the	person named as o	candidate above 1	or the office spec	cified	
Signature			Da	ate	

Candidates, Nominators and Seconders must all be fully paid-up Liberal Democrat members on the latest date of signature for any one Nomination.

Completed nomination forms with ink or electronic signatures must be sent to Martin Pakes, 36 Kelvin Road, Ipswich, IP1 5EH or martin.pakes@ipswichlibdems.org.uk before 1st January 2025.