



## NOMINATION FORM

Please complete and sign.  
The Committee normally meets once a month.

Positions vacant: Chairman, Vice Chairman, Hon Treasurer, Hon Secretary,  
Committee Member

I agree to be nominated to serve as a member of the Executive Committee of Sailing for the Disabled for the year 2017-2018 and would be willing to accept one of the positions listed above.

Date \_\_\_\_\_ Signature \_\_\_\_\_

I \_\_\_\_\_ (name in capitals)

Wish to stand for \_\_\_\_\_ (position)

Address \_\_\_\_\_

Post Code \_\_\_\_\_

E mail \_\_\_\_\_ Tel no \_\_\_\_\_

### Proposed by

Name \_\_\_\_\_

E mail \_\_\_\_\_ Tel no \_\_\_\_\_

Signature \_\_\_\_\_

### Seconded By

Name \_\_\_\_\_

E mail \_\_\_\_\_ Tel no \_\_\_\_\_

Signature \_\_\_\_\_



The Queen's Award for Voluntary Service  
Patron-Sir Miles Walker, CBE, LLB