

NOMINATION FORM for The South Yorkshire Centre Committee



Please find nomination for:

Name:	Membership Number:
Address:	
Phone:	
For:	(state office)
Proposed by:	Membership Number:
Seconded by:	Membership Number:
Signed by the nominee:	Date:

NOMINATION FORM for The South Yorkshire Centre Youth Committee

Proposer/Seconder should include one youth and one adult.



Please find nomination for:

Name:	
Address:	
Phone:	
For:	(state office)
Proposed by:	Membership Number:
Seconded by:	Membership Number:
Signed by the nominee:	Date:

CHILDRENS CHRISTMAS PARTY

(BLOCK CAPITALS PLEASE)



Name:	Membership Number:	
I require	tickets and enclose £	
For the following children:		
Name	Age	Boy / Girl
Name	Age	Boy / Girl
Name	Age	Boy / Girl
Name	Age	Boy / Girl
Signed	Telephone number	