



BCAS Committee Position Nomination Form

I *(name)* _____

of *(address)* _____

nominate *(name)* _____

of *(address)* _____

for the position of: _____

Seconded by: *(name)* _____

of *(address)* : _____

Signature of Nominator: _____

Signature of Secunder _____

Signature of Nominee: _____

(by signing this document the nominee accepts nomination for the above position)

Date: / / 2023