



Branch Officer Nomination Form

We wish to nominate:

For the position of:

First Nominator's Membership Number:

Signature:

Date:

Second Nominator's Membership Number:

Signature:

Date:

I accept the nomination and am eligible to stand for the above position

Name:

Membership Number:

Signature:

Date:

Workplace:

Department:

Employer Address:

Deadline for return: to be received by **8 January 2018**.

Sally Tsoukaris c/o Bexley Unison
Civic Offices
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Kent DA6 7AT