Nominations Form for KLP Community Group Directors

Community Member Name:…………………………………………………………………………………………….

Membership Number:………………………………………

Wish to nominate ………………………………………………………………. *(complete person’s name)*

of ……………………………………………………………………………………… *(complete Member organisation’s name)*

**to be a Director of Kilkenny LEADER Partnership Clg.**

***Declaration of***

This nomination has been agreed by our committee/ Board/ Steering Group *(indicate as appropriate)* and the undersigned delegate has been authorised to enact the nomination on our Member group’s part.

………………………………………………………………….. *(enter authorised delegate’s name in block capitals)*

*…………………………………………………………………. (authorised delegate’s signature)*