



Nominations Form for KLP Community Group Directors

NAME

Commnity Member Name	
Membership Number	

YOUR NOMINATION

Wish to nominate

Please enter the full name of person you are nominating

of

Please enter the Member Organisation's Name

to be a Director of Kilkenny LEADER Partnership Clg.

DECLARATION

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.

Please enter authorised delegate's name in block capitals

Authorised delegate's signature

OFFICE USE ONLY

Received:

Company Stamp