|  |  |
| --- | --- |
| **Coppice Group:** |  |
| **Nominee's Name:** |  |
| **Address:** |  |
| **Email:** |  |
| **Telephone:** |  |

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| --- |
| **Brief summary of Nominee’s background:** |
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| --- |
| **What might you contribute as NCFed Director?** |
|  |

I confirm that I am willing to be nominated as NCFed Director

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| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |

We would like to nominate the above for the position of NCFed Director and hereby confirm that they have the endorsement of the local group/network / current Directors.

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| --- | --- |
| **Proposer Signed:** |  |
| **Print Name:** |  |
| **Position:** |  |
| **Date:** |  |

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| **Seconder Signed:** |  |
| **Print Name:** |  |
| **Position:** |  |
| **Date:** |  |

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NCFed Office Use

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| --- | --- | --- | --- | --- |
| Date received by NCFed: |  | Received by: |  | |
| Date appointment approved by NCFed: |  |  | |  |