NOMINATION FORM ELECTION TO ADVISORY COMMITTEE



This Nomination Form should be completed and signed by the candidate.

We, the undersigned, being members of ALEP eligible to support this nomination, propose the following candidate for election to the Advisory Committee (below please provide the details and signatures of two representatives of different member organisations).

Note: We accept electronic signatures.

| Counter Signatory 1 | Counter Signatory 2 |
|--------------------------------------|--|
| ALEP Organisation: | ALEP Organisation: |
| Name and Address: | Name and Address: |
| Signature: | Signature: |
| | |
| Name of Candidate: | |
| Candidate's Organisation: | |
| Address: | |
| Telephone No: | Email: |
| Committee position/role applying for | or: |
| Project Manager Member [] Soli | citor Mombor [] Valuer Mombor [] |
| i roject manager member [] 30m | citor Member [] Valuer Member [] |
| | ords what you would bring to the ALEP Advisory Committee. circulated to all member organisations. a current photograph. |
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| Signed: | Date: |
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This Nomination Form must be completed and returned by email to <u>elections@alep.org.uk</u> by Tuesday 21 October 2025.

Nominations must:

- Be received by Tuesday 21 October 2025;
- Be supported by leading representatives of two member organisations;
- Indicate the consent of the candidate;
- Be legible and accurate so that the identity of every individual is clear.

Nominations are void if these conditions are not satisfied.