

DORES COMMUNITY DEVELOPMENT TRUST
NOMINATION FORM
FOR THE POSITION OF MEMBER DIRECTOR

Name:

Address:.....

.....

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Telephone:.....

Email:.....

Signed:.....

Date:.....

Proposer

Signed:.....

Date:.....

Full Name:.....

Secunder

Signed:.....

Date:.....

Full Name:.....

Signed:.....

Date:.....

Full Name:.....

Please note that the Proposer and Secunder must also be members of the Dores Community Development Trust.