*Insert Branch Logo*

USPSA Campus Name, YEAR General Elections

**NOMINATION FORM**

I,……………………………….Student identification number………………………

 (Name of Nominator)

Presently enrolled in …………………………………………………wish to nominate

 (Program of study)

……………………………………………..student identification number…………….

 (Name of nominee)

Presently enrolled in .......................................................................…...For the post of:-

 (Program of study)

[Please tick ( ) the appropriate one]

|  |  |
| --- | --- |
|  | PRESIDENT |
|  | VICE PRESIDENT  |
|  | TREASURER |
|  | SECRETARY  |
|  | EXECUTIVE MEMBER |

To the USPSA CAMPUS NAME Campus Executives for YEAR

…………………………………….. ………………………………

(Signature of Nominator) (Date)

I hereby accept the nomination

………………………………. ………………………………

(Signature of Nominee) (Date)

We, the following second this nomination:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | NAME | ID NUMBER | PROG OF STUDY | SIGNATURE |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

 **INSTRUCTION SHEET FOR COMPLETING NOMINATION PAPER**

1. **For this Nomination Paper to be valid all sections must be completed in full.**
2. **The person nominating and the person nominated should be registered members of the USPSA Laucala Campus, thus registered at USP Laucala Campus in any mode of study.**
3. **A student cannot act as Nominator as well as a Seconders for the person nominated.**

**Any question as to this election shall be addressed to the Returning Officer whose decision shall be final and binding**