



WEST MIDLANDS FUNDERS NETWORK NOMINATION FORM FOR ELECTION 2021

Full Name of Candidate:

Address Details:

Telephone no.

Email Address:

Please tick one only of the following vacancies:

Chair of Trustees (1 vacancy)	
Trustees (4 vacancies)	

Signature of Candidate:	Date:
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State current type of membership (Full, Associate or Individual)	
State length of WMFN membership	
State length of WMFN Trustee membership (if applicable)	