

**Tel:** 01489 668332

**Email:** office@compleat-online.co.uk

**Website:** [www.apmonline.org](http://www.apmonline.org)

**Nomination for a APM Vice President**

# **APM Vice President**

This form is to nominate an APM member for the vacancy of APM Vice President on the APM Executive and Council. The successful candidate will be identified by ballot of all APM members if there is more than one nomination. The tenure is for a period of 2 years, followed by a further 2 years as the APM President.

Please return the nomination paper by email or post with a statement from the nominee of no more than 200 words describing her/himself and why they are applying for this role. This will be sent out with the ballot paper if required.

Before submitting this nomination form, please ensure it includes the signatures of one nominator and one seconder, both of whom must be members of the APM.

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| --- | --- | --- | --- |
| **I wish to nominate** |  | **APM No.** |  |
| **Address** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Nominated by** |  | **APM No.** |  |
| **Signature** |  | **Date** |  |
| **Address** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Seconded by** |  | **APM No.** |  |
| **Signature** |  | **Date** |  |
| **Address** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **I confirm that I am willing to be nominated to the APM Council.** (Signed by Nominee.) | | | |
| **Signature** |  | **Date** |  |
| **Email Address** |  | | |