

ALUMNI CLC NOMINATION FORM

Nominee Details

Full name of the person you are nominating	
Course they graduated in APTC	
Position they are being nominated for	
Where the nominated person is working	
What the nominated person can bring to the Leadership Team if elected	
Town/City/Province the nominated person lives in	
Email address of the nominated person	
Phone contact of the nominated person	
Your Details	1
Name	
Phone Contact	
Course you graduated in	
Year of Graduation	
Email	
Seconded by	
Name	
Phone Contact	
Course you graduated in	
Year of Graduation	
Email	