



**NOMINATION FORM: MEMBER TO SERVE ON THE ELSENBURG AGRICULTURAL TRAINING INSTITUTE
COUNCIL: AGRICULTURALIST**

NOMINEE FIRST NAME(S):					
NOMINEE SURNAME:					
NOMINEE'S AREA OF EXPERTISE	LEGAL		HUMAN RESOURCE		FINANCIAL
NOMINEE'S PHYSICAL ADDRESS:					
CONTACT NUMBERS:					
EMAIL ADDRESS:					
NOMINATED BY (please print name):					
SIGNATURE:					
CONTACT NUMBER:					
DATE:					
CONSENTED BY NOMINEE:					
<p>I _____ accept the nomination to serve on the Council of the Elsenburg Agricultural Training Institute for a period of three (3) years.</p>					
SIGNATURE:					
DATE:					