

## **NOMINATION TO UWIAA (TRINIDAD & TOBAGO CHAPTER)** **EXECUTIVE COMMITTEE**

**NOTE:**

*Nominees are advised to complete and sign the nomination form, have their proposers and seconders sign the form, and submit the same with a resume of relevant experience (**not exceeding two (2) pages**) and a (**maximum**) **one page biography** to support their application to The UWI Alumni Association (Trinidad & Tobago Chapter), The University of the West Indies, St. Augustine Campus via email at [trinidad.tobago@alumni.uwi.edu](mailto:trinidad.tobago@alumni.uwi.edu)*

Candidate's Full Name: \_\_\_\_\_  
*(Block letters)*

Membership number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact No: \_\_\_\_\_ Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_  
*(If self employed, please state)*

Address: \_\_\_\_\_

**Nominee for (please tick)**

First Vice-President  Second Vice-President

Secretary  Assistant Secretary

Treasurer  Assistant Treasurer

Public Relations and Promotions Officer

Membership and Data Officer

Social Media Facilitator

Young Alumni Facilitator

Faculty Representative  (State Faculty) \_\_\_\_\_

Proposer: \_\_\_\_\_ Membership # \_\_\_\_\_

Proposer's signature: \_\_\_\_\_ Contact No. \_\_\_\_\_

Proposer's email: \_\_\_\_\_

Seconder: \_\_\_\_\_ Membership # \_\_\_\_\_

Seconder's signature: \_\_\_\_\_ Contact No. \_\_\_\_\_

Nominee's signature: \_\_\_\_\_ Dated: \_\_\_\_\_