



NOMINATION FORM
BOARD MEMBER 2025

1. NAME:

Name in full:

Postal address:

Phone number/s:

Email:

Occupation:

Signed:

Important: PLEASE ENCLOSE A COVERING LETTER SUMMARISING YOUR BUSINESS / BOWLS EXPERIENCE TOGETHER WITH AN UP TO DATE CV FOR SUBMISSION TO THE SELECTION PANEL.

2. REFEREES:

1. Name:

Postal address:

Phone number/s:

2. Name:

Postal address:

Phone number/s:

IMPORTANT NOTE:

Please return the completed application form and attachments to the Board Secretary by 11.59.pm, Thursday 15th May 2025.

Email: bcmsecretary1@gmail.com