

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

NOMINEE FIRST NAME(S):	
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NOMINEE SURNAME:	
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NOMINEE'S AREA OF EXPERTISE	LEGAL		HUMAN RESOURCE		FINANCIAL	
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NOMINEE'S PHYSICAL ADDRESS:	

CONTACT NUMBERS:	
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EMAIL ADDRESS:	
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NOMINATED BY (please print name):	
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SIGNATURE:	
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CONTACT NUMBER:	
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DATE:	
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CONSENTED BY NOMINEE:
I _____ accept the nomination to serve on the Council of the Eisenburg Agricultural Training Institute for a period of three (3) years.

SIGNATURE:	
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DATE:	
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