



Experiential Marketers Association of Nigeria
2017 ELECTIONS
NOMINATION FORM

Please Affix
One Passport
Photograph

(I) CONTESTANT

FIRST NAME..... SURNAME.....

ADDRESS.....

PHONE NUMBER.....

EMAIL.....

NAME OF AGENCY.....

POSITION CONTESTING FOR.....

(II) SECONDER (Must be a member who has fully paid his/her dues as at 24th July 2017)

FIRST NAME..... SURNAME.....

ADDRESS.....

NAME OF AGENCY.....

PHONE NUMBER..... SIGNATURE.....

I.....hereby
affirm that I have been a member of **Experiential Marketers Association of Nigeria (EXMAN)** for over a year, that I
am not financially indebted to the association in anyway. I understand that I may be disqualified from contesting if I give
any false information or have not met the relevant provisions of the association's constitutions.

.....

SIGNATURE & DATE

PLEASE SCAN AND SEND COMPLETED FORM TO:

THE ELECTORAL COMMITTEE SECRETARY at

tunde@eventplus-ng.com

(ON OR BEFORE 24TH JULY, 2017)

