

Nomination Form

For Election to the Board of Inverclyde Council on Disability
Limited

I would like to be considered for election as a board member of Inverclyde Council on Disability Limited at their AGM on 28th August 2007.

Name: _____

Address: _____

Signature: _____

Please give the names of 2 ICOD members to support your nomination. If you cannot give 2 names, still send us your nomination, as people may support you at the AGM.

1. Name _____

Address _____

Signature _____

2. Name _____

Address _____

Signature _____

**Please return this form to ICOD by 14th August at
10 Clyde Square, Greenock, PA15 1NB**