Please complete this form fully for **both existing and new** presidents and patrons. The information supplied will be given to the Engagement Committee to support their decision.

## Details of Nominee

Title (Mr/Mrs/Ms/Dr etc.):

Surname:

First name:

Address (including postcode):

Occupation/Profession:

**Nomination for:** President/Patron (please delete as appropriate)

**Branch/Group name:**

**Does the nominee have any current or previous volunteering experience for the MND Association in any other capacity? If so, please give brief details here:**

…………………………………………………………………………………………………..

**Is this nomination a renewal?** (Please delete as appropriate): Yes/No

**Please list the ways in which the President/Patron has/will support your branch or group to better help support people living with MND and to promote the positive profile of the Association:** for further information please see the guidance.

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**Signed:**

**Position in Branch**: **Date:**