

PART 1

We, the undersigned, being Members of the Company hereby nominate

+	
of	
	No

being a Member of the Company, as a proper person to be elected to the Dental Technologists Association Management Council.

Full name of Nominators* and Title to Registration (BLOCK CAPITALS)	Addresses in the Register of Members	Signatures of Nominators
1		
2		
3		

+ Here insert the full name, address in the Register of Members and title to registration of the Candidate.

*To be signed by not fewer than three (3) Members, or two forms may be signed by a total of not fewer than three (3) Members

PART 2

I hereby declare that I am the person nominated in this form and that I consent to be so nominated and will accept office if I am duly elected.

Full name of Nominated Candidate (BLOCK LETTERS) and Title to Registration	Addresses in the Register of Members	Signature of Nominated Candidate

TO BE RETURNED BY 1 MAY 2021

The Returning Officer, DTA, PO Box 1318, Cheltenham, GL50 9EA