

HARBOROUGH TOWN COMMUNITY TRUST APPLICATION FORM

ELECTION TO BOARD OF TRUSTEES

Name of Applicant:	
Organisation and Position:	
Address:	
Tel No:	
Email:	
Skills & Experience	
	our skills & experience and indicate why you wish to be a
Trustee (No more than 200 w	ords.)







HARBOROUGH TOWN COMMUNITY TRUST

First Proposer:		
Position:		
Organisation:		
Tel No:		
Email:		
Signed:		
Date:		
Second Proposer:		
Position:		
Organisation:		
Tel No:		
Email:		
Signed:		
Date:		

Please return to:

Chairman – Board of Trust
Harborough Town Community Football Ground
Northampton Road
Market Harborough
Leicestershire
LE16 9HF

Please note that this nomination will be invalid unless this form has been fully completed.



