



**Association of Veterinary Surgeons  
Practising in Northern Ireland**

**NOMINATION FORM  
for election of members to Council**

I wish to nominate

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to the Council of the AVSPNI

Signed:

Proposer

\_\_\_\_\_ Date \_\_\_\_\_

Seconder

\_\_\_\_\_ Date \_\_\_\_\_

Proposer, seconder and nominee must be current members of AVSPNI.

If you wish to nominate more than one person please print additional copies of this form - one nomination per form

Please return completed forms by **1st January 2010** to:

VetNI  
6 Ross Green Lane  
Kilgad Road, Kells  
Ballymena  
Co. Antrim  
BT42 3JA