



**Zambia Institute of
Human Resource Management**

ELECTION NOMINATION FORM

1. NAME OF CONTESTANT: _____
2. POSITION CONTESTED: _____
3. JOB TITLE: _____
4. EMPLOYER'S NAME AND ADDRESS: _____

_____ BUSINESS TEL: _____
5. DATE JOINED INSTITUTE: _____
6. CLASS OF MEMBERSHIP: _____
7. SUBSCRIPTION RECEIPT NO. AND DATE OF ISSUE (2024):

8. DATE NOMINATION SUBMITTED: _____
SIGNATURE: _____ DATE: _____
9. **FULL NAME OF PROPOSER:** _____
10. EMPLOYER'S NAME _____
11. CLASS OF MEMBERSHIP _____
12. JOB TITLE: _____
SIGNATURE: _____ DATE: _____
13. **FULL NAME OF SECONDER:** _____
14. EMPLOYER'S NAME : _____
15. CLASS OF MEMBERSHIP _____
16. JOB TITLE _____
SIGNATURE: _____ DATE: _____
- ✓ *Only paid up members of the Institute need apply.*
17. **NOMINATION RECEIVED BY:**.....