



**WOMEN
OF THE
MCC**

Nomination Form for the Women of the MCC Committee

Nominee details	
MCC Card Number	
First Name	
Surname	
Address	
Postcode	

Nominee declaration: *I declare that I am a Restricted or Full Member of the MCC, therefore eligible for nomination. I, the undersigned, wish to nominate for the position of Committee Member of the Women of the MCC.*

Signature	Date:
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Note: Digital signatures will be accepted.

Referee details:

The person supporting this nomination must be registered as a member of the WoMCC.

Referee details	
MCC Card Number	
First Name	
Surname	

Referee declaration: *I confirm I am a member of the WoMCC and that I am signing in support of the above nomination.*

Signature	Date:
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Note: Digital signatures will be accepted.

Biography

In your biography of no more than 200 words, please address the following questions.

Please note that this biography will be used in the ballot if the number of nominations exceed positions vacant. For consistency, we ask that you write this in the first person.

- (1) What has been your involvement with the WoMCC to date?
- (2) Do you have any specialist skills or experience which could benefit the Committee?
- (3) What professional skills and experience are you able to bring to the Committee?
- (4) Why would you like to join the WoMCC Committee?

Please complete this form and return to womenofthemcc@gmail.com.

Please note: Nominations close 5.00pm 19th October 2025.