



LINLITHGOW BURGH TRUST



CHARITY TRUSTEE NOMINATION FORM

Person nominated to serve on the Trust's Board:

Full name _____

Address _____

Signature indicating assent to the nomination _____

Nomination proposed by:

Full name _____

Address _____

Signature _____ Date _____

Nomination seconded by:

Full name _____

Address _____

Signature _____ Date _____

Note: All persons named above must be Members of the Linlithgow Burgh Trust.