



**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 (2019):  
\_\_\_\_\_
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:**.....