



THE ASSOCIATION OF GEOGRAPHY TEACHERS OF IRELAND

Nomination Form for the Office of President of the Association

Name of Nominee _____
(BLOCK capitals)

Branch _____

School & _____

Address _____

Home Address _____

Mobile Number _____ **Other Phone Contact** _____

Email address _____
(lower case)

I consent to the publication of my name, school and email address (only) on www.agti.ie (tick box to agree)

We the undersigned propose the above named nominee for the Office of President of the AGTI

Name of Proposer _____ **Branch** _____

Name of Seconder _____ **Branch** _____

Date: _____

I accept the nomination for the position of President of the Association.

Signature of Nominee _____

Date: _____

Email to secretary.agti@gmail.com