**Nominations for LDC Membership 2019.**

**In accordance with the Constitution of North Wales Local Dental Committee nominations are sought for the 15 places that constitute the membership.**

**The nominations will be considered in terms of geographical spread across N Wales and if more than 15 names are returned then an election will be held to decide the membership.**

**All Nominees must be proposed by another Practitioner and the signature of both parties is required**

**I (name of proposer)..................................................... propose**

**that (name of nominee).......................................................**

**of(insert address)...............................................................................**

**................................................................................................ should be considered for**

**membership of the North Wales Local Dental Committee.**

**(PLEASE USE BLOCK CAPITALS)**

**Signed...................................................................... (proposer).**

**Signed.......................................................................(nominee).**

**Date...........................................................................**

**ALL FORMS MUST BE RETURNED BY 1/3/2019 by either scanned email or post.**

**Please post to:**

**Dan Naylor**

**11 Mount Fields**

**Bangor On Dee**

**Wrexham**

**LL13 0BZ**