

CANDIDATE FORM ESSEX COUNTY CRICKET CLUB BOARD

## Personal Information

Full Name	:	
Membership Number	:	
Address	:	
Town/City	:	County :
Postcode	:	
Email	:	
Phone Number	:	
Bio (300 max)	:	

Signed



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## **Further Information**

Proposer	Seconder
Name:	Name:
Membership Number:	Membership Number:
Membership Number:	Membership Number:

Please return your completed form to the Club before Sunday 29 October either in person to the Membership & Ticketing Office at The Cloud County Ground or by post to: Essex Cricket, The Cloud County Ground, New Writtle Street, Chelmsford, Essex CM2 0PG.

Your data will only be used for the purpose of the ballot application and will not be shared with any third parties.