



**ESSEX**

# MEMBERS' COMMITTEE

## CANDIDATE FORM

### Personal Information

Full Name :

Membership Number :

Address :

Town/City :  County :

Postcode :

Email :

Phone Number :

Bio (300 max) :

Signed :



# MEMBERS' COMMITTEE

## CANDIDATE FORM

### Further Information

#### Proposer

Name:

Membership Number:

#### Seconder

Name:

Membership Number:

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*Please return your completed form to the Club by Sunday 07 September 2025 either in person to the Membership & Ticketing Office at the Ambassador Cruise Line Ground or by post to: Essex Cricket, Ambassador Cruise Line Ground, New Writtle Street, Chelmsford, Essex CM2 0PG.*

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