

YRNA NOMINATION FORM

Desired Position/Role: _____

Name of Nominee: _____

Registration Number of Nominee (if applicable): _____

Contact Information of Nominee:

- Email: _____

- Phone: _____



Sponsoring Signatures (for YRNA Registrant Nominees Only)

We, the undersigned, hereby nominate the above individual for the position/role stated above. By signing below, we confirm our support and verify the nominee's eligibility.

Full Name of Sponsor	Registration Number	Signature	Date

Date of Submission: _____