

## The Robert Owen Memorial Museum

## The Cross, Broad Street, Newtown, Powys SY16 2BB

## Nomination form for membership of the Council of Management of the Association of the Robert Owen Memorial Museum

Date of the Annual General meeting for which this form is intended:

Friday 19<sup>th</sup> May, 2023

<u>Applicant</u>	
l,	(Name) of
	(Address)
wish to put myself forward for membership of the Council of Owen Memorial Museum. I understand that as a member of trustee of the charity and a director of the company.	of Management of the Association of the Robert
Signature:	
Date:	
Nominator from the membership	
l,	(Name) of
	(Address)
wish to put the above named person forward for members Association of the Robert Owen Memorial Museum.	hip of the Council of Management of the
Signature:	
Date	