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 25th April, 2025

Applicant

I, _____(Name) of

_____ (Address)

wish to put myself forward for membership of the Council of Management of the Association of the Robert Owen Memorial Museum. I understand that as a member of the Council of Management I will become a trustee of the charity and a director of the company.

Signature: _____

Date:_____

Nominator from the membership

I, _____(Name) of

_____ (Address)

wish to put the above named person forward for membership of the Council of Management of the Association of the Robert Owen Memorial Museum.

Signature: _____

Date:_____