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| Surname:First Name: Title:Organisation: Position: Address: Postcode: Telephone No: ( ) Mobile No: E-Mail:  |
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| I wish to nominate for a position as a ***voting/participating*\*** member on the following Communications Alliance Working Committee: Working Committee No: 125 Title of Working Committee: Emergency Calling – Network and Device Testing \****Please indicate your preferred membership status, i.e. either voting or participating – please refer to Section 4 of the information pack.*** |
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| Will your representation be on behalf of an industry/consumer organisation? **YES / NO**If **YES**, which group are you representing?  ***(industry/consumer organisation****)*Please ask a representative of your organisation to agree to your nomination by completing the section belowI, of  ***(name) (Name of Organisation or Name of industry/consumer organisation****)*hereby nominate to be our representative on the above Communications Alliance Working Committee. |
| PLEASE NOTE: * By contributing information to the Working Committee process, the contributor acknowledges that copyright in the published product vests in Communications Alliance.
* Your name, organisation and who you are representing will be publicly available on the Communications Alliance website. Communications Alliance collects and uses your personal information in accordance with its Privacy Policy which is summarised in the Communications Alliance Privacy Statement available on our website. A copy of the Communications Alliance Privacy Policy is available on request and at no charge from Communications Alliance.
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