

Nomination Form 2024

NOMINATED BY

1st Member

Name:

Organisation:

Signature:

Date:

2nd Member

Name:

Organisation:

Signature:

Date:

CONSENT OF CANDIDATE

I _____ of _____ do
hereby consent to being an applicant for membership of the European Life Settlement Association.

Sign

Date

Contact Details

ELSA
97 Fable, 261c City Road
London EC1V 1AP

Chris Wells
Executive Director

chris@elsa-sls.org
0203 490 0271