

# Fellow Membership 2024

## Nomination Form

### Select Criteria (one or more of the following):

Provided significant contribution into ICB & the membership over a period of time.

Contributions to resource and support

Network facilitation

Bookkeepers helping Bookkeepers

Representing ICB

Bookkeeper education

Considered and approved by the admissions board selection Criteria (one or more of the following)

Nominee's Name: \_\_\_\_\_

Reason for Nomination:

Nominators Name: \_\_\_\_\_

Membership Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_