



Malate Catholic School Jaime Cardinal Sin Gymnasium  
Mother Ignacia St. Malate Metro Manila  
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**ALUMNI ASSOCIATION OF MALATE CATHOLIC SCHOOL, INC.  
NOMINATION/ACCEPTANCE FORM**

**Please read the accompanying nomination guidelines before completing this form.**

**Section 1 – Information about the nominator – person making the nomination.**

**Personal details**

**\* Required details**

First Name *	
Middle Name	
Surname *	
Batch Year	

**Contact details**

Address*		Post Code *	
		Home Phone*	
		Mobile Phone*	
		Email Address*	

**Section 2 – Information about the nominee - person you are nominating**

**Personal details**

**\* Required details**

First Name *			
Middle Name			
Surname *			
Batch Year *			

**Contact details**

Address *		Post Code *	
		Home Phone*	
		Mobile Phone*	
		Email Address*	

**Nominator signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Nominee Consent**

I hereby accept the nomination and give my consent to be the nominee for the Election for the Board of Directors/Trustees of the Alumni Association of Malate Catholic School, Inc..

**Nominee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_