



NATIONAL UNION OF RAIL, MARITIME & TRANSPORT WORKERS

NOMINATION FOR THE R.M.T. NATIONAL LESBIAN, GAY, BISEXUAL & TRANSGENDER MEMBERS' ADVISORY COMMITTEE

.....REGIONAL COUNCIL

.....BRANCH

Surname.....
Forename(s).....

Date Joined Union..... Date of
Birth.....

Home
Address.....

.....
.....

Telephone
Number(s).....

Employer.....
Grade.....

N.I. Number..... Membership
No.....

Male Female

ETHNIC PROFILE

- N** White **S** Black African **S** Black Caribbean **S** Black Other
- S** Indian **S** Pakistani **S** Bangladeshi **S** Chinese
- S** Irish **S** Other (Please Specify).....

Signature of Nominee.....

Signature of Branch
Secretary.....

Branch Stamp

Signature of Branch Chairperson.....

THIS FORM SHOULD BE RETURNED TO HEAD OFFICE ASAP