

KENYA VETERINARY PARAPROFESSIONAL ASSOCIATION (KVPA)

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KVPA: ELECTION NOMINATION FORM

NAME (candidate).....

KVPA No.....KVB No.....

POSITION BEING CONTESTED.....

COUNTY (candidate).....

CONTACT (candidate).....

EMAIL ADDRESS (candidate).....

SIGNATURE (candidate).....

PROPOSER-----KVPA No.----- KVB No.-----

SIGNATURE-----

SECONDER-----KVPA No.----- KVB No.-----

SIGNATURE-----

DATE (submission)