



ICYC NOMINATION FORM

ALL INFORMATION SHOULD BE FILLED IN BOLD LETTERS.

NOMINATING ORGANIZATION'S DETAILS

ORGANIZATION'S NAME:

ORGANIZATION'S ABBREVIATION (IF ANY):

MAILING ADDRESS:

TELEPHONE NO (WITH COUNTRY CODE):

EMAIL:

CONTACT PERSON'S NAME (AS PER PASSPORT AND IN BOLD LETTERS):

POSITION (CONTACT PERSON):

OFFICIAL EMAIL ADDRESS (CONTACT PERSON):

NOMINEE'S DETAILS

FULL NAME (AS PER PASSPORT AND IN BOLD LETTERS):

DATE OF BIRTH (DD/MM/YY):

GENDER:

POSITION (NOMINEE):

MAILING ADDRESS (IF DIFFERENT FROM THE NOMINATING ORG):

TELEPHONE NO / WHATSAPP NO (WITH COUNTRY CODE):

AUTHORIZED PERSON'S DETAILS

FULL NAME (AS PER PASSPORT AND IN BOLD LETTERS):

POSITION:

MAILING ADDRESS (IF DIFFERENT FROM THE NOMINATING ORG):

TELEPHONE NO (WITH COUNTRY CODE):

OFFICIAL EMAIL ADDRESS:



MEMBERSHIP

Members will be those persons up to 35 years inclusive and nominated by organizations who are members of the International Co-operative Alliance (ICA). A list of ICA member organisations of the ICA can be found [here](#). Members have the right to vote. This form can be used to become a voting member of the ICA Youth Network and ICYC at the same time. **I wish to participate as a:**

<input type="checkbox"/>	Member of the ICA-Asia and Pacific Committee on Youth Cooperation (ICYC)
<input type="checkbox"/>	Member of the ICA Youth Network

How information about you will be used

Individual contact information which you supply to us will be used to deliver our newsletters, important press releases, invitations to events, and may be used to contact you for statistical information and networking within the co-operative movement. We will not sell your information. We will not share your personal information with anyone outside of the International Co-operative Alliance structures and partners. For further information on how your information is used, how we maintain the security of your information, and your rights, please visit <https://ica.coop/en/terms-and-conditions> or email dataprotection@ica.coop

<input type="checkbox"/>	Yes , I understand and accept the data protection policy of the International Co-operative Alliance and consent to my information being used as per the policy.
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SIGNATURE

SIGNATURE OF THE NOMINEE:

SIGNATURE OF THE AUTHORISED PERSON:

ORGANISATION STAMP:

DATE:

INSTRUCTIONS:

- *Duly filled nomination form should be sent to ICA-AP by email to the ICYC Secretary, Mr. Shree Padmanabhan at shree.padmanabhan@icaap.coop.*
- *Please submit a high-resolution formal (profile) image in PNG format and a short description of the nominated person.*
- *Please mention the country code in the mailing address, telephone and mobile number.*
- *In case of more than one nomination from the member co-op organization, please fill separate forms.*