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| **New Zealand Disability Support Network Inc. Board Nomination Form**  ***(THIS PART TO BE FILLED IN BY THE NOMINATOR PLEASE PRINT CLEARLY IN ALL SECTIONS OF THE FORM)***  I/We nominate …………………………………………………………………………….…………..  *(Please print clearly)*  For the position of: Board Member (Two (2) positions available)  (Please complete a separate form for each person being nominated)  Name of Nominator: …………………………………………………………………………………..  Name of Organisation…………………………………………………………………………………  Signed: ……………………………………………….  Name of Seconder: …………………………………………………………………………………..  Name of Organisation…………………………………………………………………………………  Signed: ……………………………………………….  --------------------------------------------------------------------------------------------------------------------------  ***(THIS PART TO BE FILLED IN BY THE PERSON BEING NOMINATED)***  I, …………………………………..…………………………………………….…………………….  *(Please print your name clearly)*  Name of Organisation……..…………………………………………………………………………  Agree to this nomination.  Signed: ………………………..…………………………..  NB: Please attach a brief biography and forward an electronic photo to [admin@nzdsn.org.nz](mailto:admin@nzdsn.org.nz) |

For a nomination to be accepted, the form must be complete and legible, signed by both the nominator and the nominee, and returned to the NZDSN National Office by the nomination close-off date.

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| **FOR OFFICE USE ONLY** | **Yes** | **No** |
| Nominator Financial |  |  |
| Nominee Financial |  |  |
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| Acknowledgement Sent |  |  |