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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  |

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 |  |  |