

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.

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