



NEW ZEALAND FIREFIGHTERS WELFARE SOCIETY

STANDARD NOMINATION FORM



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Telephone 04 567 1768 - Fax 04 567 1794

thesec@firefighters.org.nz

www.firefighters.org.nz

(SN1)

NOMINATION FOR THE POSITION OF

NOMINATED
FOR

Please Print

FULL NAME OF PERSON DOING THE NOMINATING

FULL NAME
(Mr, Mrs, Ms)

Please Print

SIGNED BY
NOMINATOR

FULL NAME OF PERSON SECONDING THE NOMINATION

FULL NAME
(Mr, Mrs, Ms)

Please Print

SIGNED BY
SECONDER

ACCEPTANCE BY NOMINEE

SIGNED BY
NOMINEE

GENERAL GUIDLINES

All persons named on this form must be current members of the New Zealand Firefighters' Welfare Society. For the position of Chairman all three persons may reside anywhere in New Zealand. For the position of Regional Representative, all three persons must reside or work in the particular region. Ensure that this form is delivered in time to reach the Returning Office before the closing time and date.

NB: a condition of acceptance of this nomination form is that the nominee will sign the Society's secrecy document prior to his/her name going forward for election.

Post to:

Freepost 923
The Returning Officer
The New Zealand Firefighters' Welfare Society
Private Bag 31999
Lower Hutt, 5040