



New Zealand Firefighters Welfare Society

Nomination Form

0800 653 473

office@firefighters.org.nz

NOMINATION DETAILS

Name of Nominee

Please Print

Nominated Position

FULL NAME OF PERSON DOING THE NOMINATING

Full Name

Please Print

Signed by

Nominator

FULL NAME OF PERSON SECONDING THE NOMINATION

Full Name

Please Print

Signed by

Secunder

ACCEPTANCE BY NOMINEE

Signed By

Nominee

All persons named on this form must be current members of the New Zealand Firefighters Welfare Society. For the position of Chair all three persons may reside anywhere in New Zealand. For the positions of Board Member/Regional Rep all three persons must reside or work in the particular region.

Please ensure that this form is delivered in time to reach the Returning Office before closing the time and date.

Email or post to:

office@firefighters.org.nz

NZ Firefighters Welfare Society
P O Box 30777 Lower Hutt 5040