

## Nomination Form

P O Box 30 777  
Lower Hutt 5040  
[amanda@firefighters.org.nz](mailto:amanda@firefighters.org.nz)  
0800 653 473 Opt 1

### Nomination Details

Please Print  
Full Name of Nominee \_\_\_\_\_

Membership Number

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Nominated Position \_\_\_\_\_

### Details of Person Nominating

Please Print  
Full Name \_\_\_\_\_

Membership Number

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Signed by Nominator \_\_\_\_\_ Date \_\_\_\_\_

### Person Seconding Nomination

Please Print  
Full Name \_\_\_\_\_

Membership Number

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Signed by Seconder \_\_\_\_\_ Date \_\_\_\_\_

### Nominee Acceptance

Signed By Nominee \_\_\_\_\_ Date \_\_\_\_\_