



## NOMINATION FORM

IMPORTANT: All information must be legible

### PROPOSER:

I \_\_\_\_\_ of the \_\_\_\_\_ Local  
(Surname) (Forenames)  
of the N.Z. Professional Firefighters Union hereby nominate the person named below for  
position of \_\_\_\_\_ of the NZPFU.

Signed:..... Date.....

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### SECONDER:

I \_\_\_\_\_ of the \_\_\_\_\_ Local  
(Surname) (Forenames)  
of the N.Z. Professional Firefighters Union hereby Second the nomination of the person  
named below for the position of \_\_\_\_\_ of the NZPFU

Signed:..... Date.....

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### PERSON NOMINATED:

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

I agree to accept the nomination for the position of: \_\_\_\_\_  
\_\_\_\_\_ of the NZPFU

Signed:..... Date:.....

**Note: Proposers & Seconders must be financial members of the Union**