

NOMINATION FORM

IMPORTANT: The Nominee, Proposers and Seconders must be financial members of the New Zealand Professional Firefighters' Union. All information must be legible and complete.

PROPOSER: (Full Forenames) (Surname) of the _____ Local of the NZPFU hereby nominate the person named below for the position of _______of the NZPFU. Signed: Dated: **SECONDER:** (Surname) (Full Forenames) of the _____ Local of the NZPFU hereby Second the nomination of the person named below for position of ________of the NZPFU. Signed: Dated: **PERSON NOMINATED:** (Full Forenames) (Surname) _____ CURRENT OCCUPATION: _____ DATE OF BIRTH: **HOME ADDRESS:** By signing this form I accept the nomination for the position of _____ and confirm I have read and am agreeing to abide by the NZPFU Charter.

Signed: Dated: