

NOMINATION FORM

IMPORTANT: All information must be legible

PROPOSER:			
(Surname)	(Forenames)	of the	Local
	_	hereby nominate the perso	
Signed:		. Date:	
SECONDER:			
(Surname)	(Forenames)	of the	Local
Of the N.Z. Professi	ional Firefighters Union I	nereby Second the nominatio	n of the person
named below for th	e position of		of the NZPFU.
Signed:		. Date:	
PERSON NOMINAT	ED:		
FULL NAME:			
HOME ADDRESS:			
I agree to accept the	e nomination for the pos	ition of	
		of the NZPFU.	
Signed:		. Date:	

Note: Proposers and Seconders must be financial members of the Union.