

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:

Ι		
(Surname)	(Full Forenames)	
of the	Local of the NZPFU hereby nominate the	e person named below
for the position of		of the NZPFU.
Signed:	Dated:	
SECONDER:		
I		
(Surname)	(Full Forenames)	
of the	Local of the NZPFU hereby Second the n	omination of the
person named below for position of		of the NZPFU.
Signed:	Dated:	
PERSON NOMINATED:		
T		
I(Surname)	(Full Forenames)	
DATE OF BIRTH:	CURRENT OCCUPATION:	
HOME ADDRESS:		<u> </u>
By signing this form I accept the nomina and confirm I have read and am agreein	ation for the position of og to abide by the NZPFU Charter.	
Signed:	Dated:	