

NZCS Auckland Branch Officer Nomination Form

Please complete this form and either present it at the NZCS Auckland Branch AGM or fax / mail / email to the branch Secretary in advance of the meeting.

Fax: 09 921 9944. **Attention:** *G Grimsey*

Email: ggrimsey@aut.ac.nz

Mail: G Grimsey, AUT University (D-75), Private Bag 92006 Auckland 1142

We the undersigned, being current financial members of the NZCS Auckland Branch:

Nominator's full name: _____
(Please print)

Secunder's full name: _____
(Please print)

hereby nominate and second our NZCS colleague

Nominee's full name: _____
(Please print)

who is a current financial member and satisfies the NZCS Membership Grade requirement (being a minimum of Associate grade) to

act as:

NZCS Branch Chairperson

National Councillor

Alternate National councillor

Treasurer

Secretary

and/or ***Committee Member***

(please circle the appropriate position(s))

until the conclusion of the next NZCS Auckland Branch AGM.

Signed by:

Nominator: _____ **Date:** _____

Secunder: _____ **Date:** _____

Nominee _____ **Date:** _____