# NZNO CCYN Honorary Life Membership Nomination Form

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| **Nominator details** | |
| Full Name |  |
| Phone number |  |
| Email address |  |
| How do you know the nominee? |  |
| Date |  |
|  |  |
| **Nominee details** | |
| Full Name |  |
| Phone number |  |
| Email address |  |
| How long has the nominee been a  CCYN Member? |  |

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| **Nomination Details** |
| **Please summarise the nominee’s contribution to CCYN** |
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| **Please summarise the nominee’s contribution to child & youth nursing, including a brief career history** |
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| **Please state the region of New Zealand the nominee currently works in** |
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This completed form should be emailed to: secretary.ccyn@gmail.com

The annual cut-off date is 28 days before the CCYN AGM.

If further information is required by CCYN, you may be contacted by the Committee Secretary.