

Local Student Delegate Nomination Form

(Return to your local NZNO office or call 0800 28 38 48)

You must be a current NZNO member to be nominated and to nominate other students

Proposer (print name):	Signature:
NZNO Number:	
Seconder (print name):	Signature:
NZNO Number:	
(please supply a passport photo of yourself with your nom	ination)
Nominee's Details (please print)	
NZNO Membership Number	
Surname	
First Name(s)	
Preferred Name	
Postal Address	
Town/City	
Home Phone	
Mobile Phone	
Email Address	
Study Details	
Polytechnic or University	
Year of starting	
,	

Nominee Signature ______Date _____Date _____

To be an effective NZNO student delegate you will be expected to support the NZNO NSU representatives (i.e NSR and TRT reps) and promote and uphold the policies of NZNO.

Privacy Act Disclosure

This information is being collected so that NZNO has a record of delegates, can communicate with them and can provide members in your areas with your details so they can contact you. You have the right to access to the information you provide and to request correction of it.