



Te Runanga Tauria Representative

NOMINATION FORM

Section A: to be completed by a nominator who must be a financial NZNO Member

_____ wishes to nominate		
<i>(Name of Nominator)</i>		

<i>(Name of Nominee)</i>		
for the position of Te Runanga Tauria representative for: _____		
<i>(name of Polytechnic/ University)</i>		
Statement in support of nomination:		

_____	_____	_____
Signature of Nominator	NZNO Membership Number	Date
_____	_____	_____
Signature of Seconder	NZNO Membership Number	Date

Section B: to be completed by Nominee (please supply a passport photo of self with your nomination)

I accept the nomination.		
Full Name: _____		
Home Address: _____		

Tribal Affiliations: _____		
Telephone: _____ Fax: _____ Cellphone: _____		
Email: _____		
NZNO Membership Number: _____		
Signature: _____ Date: _____		

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FOLD ONE