

# WELLINGTON Branch Committee

## 2019 NOMINATION FORM

(Please note: Office bearers are selected from the Committee)

I wish to nominate

Name:

(Full name with preferred title)

Current position:

Address:

Telephone and Fax:

Email:

Nominator Name:

Signature

Secunder Name:

Signature

### I accept nomination for the Wellington Branch Committee

Signature:

Date:

**Note:** The nominator, nominee and seconder must all be financial members of the Institute of Directors.

**Nominations must be received no later than 5.00 pm  
on Friday 1<sup>st</sup> February 2019.**

NB: Please include with this nomination form, a high resolution jpeg photograph of the nominee and brief biography notes on the nominees relevant governance experience. These will be distributed to voting members.

Please send nomination form by post or email with supporting documentation to:

Wellington Branch Manager  
Institute of Directors  
P O Box 25253  
Wellington 6146  
[Wellington.branch@iod.org.nz](mailto:Wellington.branch@iod.org.nz)