



Taranaki Branch Committee Nomination Form

I wish to nominate

Name: _____
Full name with preferred title

Current position: _____

Address: _____

Telephone: _____

Email: _____

Nominator
Name: _____ Signature: _____

Secunder
Name: _____ Signature: _____

I accept nomination for the 2020 Taranaki Branch Committee

Signature: _____

Notes:

- The nominator, nominee and seconder must all be financial members of the IoD
- Office bearers are selected from the Committee

Nominees are asked to include with this nomination form, a jpeg photograph and brief background notes (no more than 300 words) with relevant governance experience. This information will be provided to members prior to the AGM.

Nominations must be received no later than 5.00 pm on Wednesday 12 February 2020

Please send via e-mail to taranaki.branch@iod.org.nz