

Nomination form for Area Councillors

This nomination must be returned to membership@redcross.org.nz by Sunday 31 March 2024.

To be completed by a Member of New Zealand Red Cross who is nominating another Member.

Name of person nominated _____

Postal address _____

Email address _____

Home phone _____ Mobile _____ Work phone _____

Member in _____ Area

Number of years with New Zealand Red Cross _____

Experience and skills relevant to an Area Council (to be circulated with voting papers to help voters choose their preferred candidates – 200 word maximum):

(attach separate page if needed)

Nominated by _____

Member in _____ Area

Seconded by _____

Member in _____ Area

The signing of this form signifies consent to the publication of name, address, and telephone number for New Zealand Red Cross purposes.

Signature of person nominated: _____

Date: _____