



Nomination Form

AGM 2019

Wellington Branch
May 2019

Secretary
PO Box 11993, Manner Steeet,
Wellington 6142

Phone 04 472 7006
wellington@gsa.org.nz
www.gsa.org.nz

-
- Position:**
- Chairman**
 - Deputy Chairman**
 - Reviewer**
 - Branch Committee Member**

(Cross out the positions that do not apply. One form to be completed for each nomination)

I wish to nominate (name) _____

Nominated by (name) _____

Seconded by (name) _____

I agree to nomination (signature of nominee) _____