

SOUTH ISLAND COMMITTEE 2018/2019

NOMINATION FORM

To be held at the South Island Branch AGM
In
Christchurch
Wednesday 30th May 2018

I hereby nominate:		
[Write in the name of the perso	n you nominate]	
The Authorised Representative	of:	
[Trading or Company Name of I	MVIA member]	
Signature of Nominated Person		
for election to the South Island	Committee, to represent the area of:	
[Refer to Notice of Motion re na	ame of areas]	
Signed by:	Seconded by:	
Signature: [Authorised Represe	ntative]Signature:[Authorised Representative]	
Please print name:	Please print name:	

Membership Name:

Membership Name: