



National Speakers Association of New Zealand Inc

P O Box 179 Albany Village, Albany Auckland

Ph: 09 442 1099 Fax: 09 442 1097

www.nationalspeakers.org.nz

NOMINATION FORM FOR AUCKLAND CHAPTER COMMITTEE

Date:

I, hereby nominate

..... to the Executive Committee,

for the Position of:.....

Signed: **Nominator:**, I am a financial member of NSANZ

Signed: **Nominee:**, I am a financial member of NSANZ

Signed: **Secunder:**, I am a financial member of NSANZ

Please return to the Secretary at the above address **before Tuesday 30TH June 2009.**

The AGM will be held on Tuesday 28th July prior to the July chapter Meeting

✂.....



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