

**NOMINATION FOR OFFICERS  
of Theatre New Zealand  
for 2017/18**

Please photocopy or scan this form as many times as needed

Name.....

Address.....

Email.....

Is hereby nominated for the position circled:

- PRESIDENT
- VICE PRESIDENT
- SECRETARY
- TREASURER

Nominated by.....  
(Group/Individual/Life Member)

Seconded.....  
(Group/Individual/Life Member)

I consent to being nominated to the above position

Signature of nominee.....Date.....

**Please return completed form no later than Thursday 31 August 2017 to:**

**Nominations  
Box 22 249  
Wellington 6441**

or [info@theatrenewzealand.co.nz](mailto:info@theatrenewzealand.co.nz)

NB Do not send to Christchurch or Auckland box

