

**NOMINATION FOR OFFICERS
of Theatre New Zealand for 2019/20**

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 Friday 30 August 2019 to

Nominations

Box 22 249

Wellington 6441

or scan to info@theatrenewzealand.co.nz