

NEW ZEALAND SOCIETY OF NOTARIES INCORPORATED

NOMINATION FORM FOR MEMBER OF COUNCIL

Nominations signed by the candidate and two members
To be received by the Secretary no later than 17 August 2020

Full name of candidate: _____

Email address: _____

Phone number: _____

Name of
Nominator: _____

Signature of
Nominator: _____

Name of
Seconders: _____

Signature of
Seconders: _____

I consent to my nomination.

Signature of Candidate: _____

Date: _____