

## **NOMINATION FORM 2013**

*Nominations for the identified positions on the NZ COLFO Board of Management are now called for and are to **be submitted on this form only.***

***Please ensure all sections are completed and that the nominee signs the form in acceptance of his nomination.***

I, \_\_\_\_\_ (full name)

Address: \_\_\_\_\_

Tel: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: (     ) \_\_\_\_\_

**being a financial member of the NZ Council of Licensed Firearms Owners, hereby nominate the following member to the NZ Council of licensed Firearms Owners :**

Name: \_\_\_\_\_ for the position of (please tick)

- |            |                       |
|------------|-----------------------|
| President  | <input type="radio"/> |
| Chairman   | <input type="radio"/> |
| Vice Chair | <input type="radio"/> |
| Secretary  | <input type="radio"/> |
| Treasurer  | <input type="radio"/> |
| Member (6) | <input type="radio"/> |

**As \*\***

- Association representative (please name) \_\_\_\_\_
- Retail member
- Corporate member
- Independent member

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
**I accept nomination for the position indicated and confirm that I am a financial member of the NZ Council of licensed Firearms Owners.**

Nominee: \_\_\_\_\_ (full name)

Address: \_\_\_\_\_

Representing: \_\_\_\_\_ (Association or other)

Telephone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

Email \_\_\_\_\_

Mobile ( ) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Nominations must be with the Secretary by 4.00pm, Friday May 24 2013**

**- allow 4 days if posting**

To:

The Secretary

NZ Council of Licensed Firearms Owners

C/o PO Box 6141

Marion Square

WELLINGTON 6141

Fax 04 801 7368

Email [deerstalkers@paradise.net.nz](mailto:deerstalkers@paradise.net.nz)

**ADVICE OF ATTENDANCE:**

Name: \_\_\_\_\_ (please circle)

I will be attending the AGM of NZCOLFO

Yes / No

I will not be attending the AGM of NZCOLFO. Please record my apology.

Yes / No