NOMINATION FORM 2009

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	O	Secretary	O
Chairman	O	Treasurer	O
Vice Chair	O	Member (6)	O

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 group)

Telephone: ( ) _____ Fax: ( )_____

Email _____ Mobile ( )_____

Signature: _____ Date: _____

Nominations must be with the Secretary by 4.00pm, Friday 17th April 2009 - allow 4 days if posting

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The Secretary, NZ Council of Licensed Firearms Owners, P O Box 24020, WELLINGTON.
Fax 04 801 7368

ADVICE OF ATTENDANCE:

Name: _____ (please circle)

I will be attending the AGM of NZCOLFO to be held on the 26th April 2009 Yes / No

I will not be attending the AGM of NZCOLFO. Please record my apology. Yes / No