

NOMINATION FORM FOR NZDRFU BOARD 2016-2018



I wish to nominate someone for the below position on the NZDRFU Board:

Secretary

NOMINEE (person you wish to nominate)

Full Name: _____

Address: _____

Town/city: _____

Email: _____ Mobile/Phone: _____

Date of Birth: ___ / ___ / ___ Male / Female

NOTE: All board members will hold office for a term of two years (as per NZDRFU Constitution rule 11.6)

Are you? Deaf Hearing impaired Hearing
(Please tick one)

Communication mode: NZSL Signed English Spoken English
(Please tick one)

Deaf Rugby Zone Union: Northern Central Southern
(Please tick one)

NOMINATOR (you who made the nomination)

Signature: _____ Date: _____

SECONDER (person who can second the nomination)

Signature: _____ Date: _____

FOR NZDRFU USE ONLY

Checked by: _____ NZDRFU Secretary Date received: ___/___/___