

NOMINATION or APPLICATION FORM FOR MANAGEMENT COMMITTEE MEMBERS

Note: Both the Nominee and the Nominator must be a paid member of Nelson Multicultural Council or the nomination will be void. Please make sure your membership is updated.

Title:	
Name:	
Phone: (day)	Phone: (evening)
Email:	
Background Info: (interests, experiences, work, education, etc)	
I consent to being nominated as management Committee member	
Signature of Nominee:	
Date:	
Nominator (if applicable)	
Name of person making this nomination:	
Phone: (day)	Phone: (evening)
Email:	
Signature of Nominator:	
Date:	

Please return by email to <u>info@nelsonmulticultural.co.nz</u>, or deliver to 9/159 Hardy Street, Nelson (Tuesdays to Fridays 9am to 3:30pm). We will get back to you at our next committee meeting.