



FORM for NOMINATION of ELECTION OF FELLOWS

We, the undersigned, being financial members or representatives of an NZILA group or branch, nominate:

_____ (Nominee's Name)

as Fellow (Must be a Registered Member with at least 10 years professional experience)

Proposed by:

Date: _____

Seconded by:

Date: _____

CONTACT DETAILS FOR:

Proposer: _____

Nominee: _____

NOTE:

All proposals shall be in accordance with the NZILA Procedure for the Nomination & Assessment of Candidates for Election as Fellows.

The Form shall be accompanied by a detailed Statement of Contribution as per the criteria indicated in the procedural document.

RETURN BY:

Nomination Forms must be returned no later than close of business
Wednesday 30 September 2020.

To : NZILA
Email: admin@nzila.co.nz
Phone: 0800 843 694