



ONZ Board Member Nomination Form

ONZ will be accepting nominations for board members in 2019. These nominations will be voted on at the ONZ AGM in May.

This nomination form must be received by ONZ 5.00pm Friday the 5th of May 2019. This form should be emailed to: admin@ophthalmologynz.co.nz.

Name of Nominee: _____
Organisation and Position: _____
Address: _____
Tel No: _____
Email: _____

Skills & Experience *(see Trustee Role Description)*

Please give details below of your skills & experience and indicate why you wish to be a Board Member:

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Nominated by: _____
Position: _____
Organisation: _____
Tel No: _____
Email: _____

I confirm I have gained the nominee's consent for their name and details to go forward.

Signed: _____
Date: _____

**Please note that this nomination will be invalid
unless this form has been fully completed.**

Email: ophthalmologynz1@gmail.com