2020 NOMINATION FORM:

Nominations for the Executive Board of the Cerebral Palsy Society of NZ Inc. for 2020

Name of Candidate:

Signature:

Name of Nominator:

Signature:

Name of Seconder:

Signature:

|  |  |
| --- | --- |
| Photo of Candidate: | Brief Candidate Bio: |

NB:

* Nominations must be received by email or post by 4pm Friday 18th Sep 2020
* The candidate, nominator and seconder must be financial members as of the above date.

2020 REMIT FORM:

Remit for consideration for the 2020 AGM of the Cerebral Palsy Society of NZ Inc.

Name of Proposer:

Signature:

|  |
| --- |
| Proposed Remit |

NB:

* Remits must be received by 4pm Friday 18th September 2020
* The remit proposer must be a financial member as of the above date.