**2025 REMIT FORM**

**Executive Board of the Cerebral Palsy Society of NZ Inc.**

Remit for consideration for the 2025 AGM of the Cerebral Palsy Society of NZ Inc.

**Name of proposer**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Proposed remit:** |

**NB**

* **Please email this form to** [**clare@cpsociety.org.nz**](mailto:clare@cpsociety.org.nz) **or post it to Cerebral Palsy Society of New Zealand, PO Box 24759, Royal Oak, Auckland 1345.**
* **Remits must be received by 4pm, Friday, 12 September 2025.**
* **The proposer must be a financial member of the Cerebral Palsy Society of NZ Inc as of Friday, 12 September 2025.**