Funeral Directors

Board Member Nomination Form

The Chief Executive Officer Funeral Directors Association of New Zealand PO Box 25148 Wellington 6146 <u>info@funeraldirectors.co.nz</u>

Date: _____

In accordance with the Funeral Directors Association Rules (ii-iv), we hereby nominate,

to be a Board Member of the Funeral Directors Association of New Zealand for a period of 2 years form the day after the 2021 Annual General Meeting.

I agree to accept the nomination as above.

Nominee signature

Proposer signature

Seconder Signature

Nominee Firm

Proposer Firm

Seconder Firm

This form must be received by the Chief Executive Officer by **5pm** on the **10 September 2021**

We encourage you to scan and email the form to info@funeraldirectors.co.nz



Postal Address | PO Box 25148, Wellington 6146 | P: (04) 473 7475 www.funeraldirectors.co.nz | info@funeraldirectors.co.nz