



NOMINATION FOR NZFBI COUNCIL MEMBER

To: The President
New Zealand Fire Brigades Institute Inc

I, _____

nominate the following to be a Council Member of the New Zealand Fire Brigades Institute Inc.

NOMINEE'S FULL NAME: _____

NOMINEE'S SIGNATURE: _____
(I hereby consent to this nomination)

DATE: _____

NOMINEE'S CONTACT DETAILS:

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

DATE EMAILED TO NZFBI: _____

SHORT RESUME ATTACHED:

**THIS FORM MUST BE RETURNED TO:
THE PRESIDENT, NZFBI
EMAIL: INFO.NZFBI@GMAIL.COM**

**APPLICATIONS MUST BE RECEIVED NO LATER THAN ONE MONTH PRIOR
TO THE DATE OF THE ANNUAL GENERAL MEETING**