

NOMINATION FORM

New Zealand Chiropractors' Association AGM 2016

Use this form to nominate President, Councillors and Audit Committee member.

Date March 2016

Executive Officer
N.Z. Chiropractors' Association Inc.
P O Box 46 127
Herne Bay
AUCKLAND
1147
eo@chiropractic.org.nz

We hereby nominate (print)

for the office of (print)

for the term stated in the Notice of Annual General Meeting 2016.

Proposer (print)

Signature

Seconder (print)

Signature

I accept the above nomination

Signature

Date