**We, the undersigned,**

|  |  |
| --- | --- |
| nominate |  |
|  | (*Full name*) |
| of |  |
|  | (*Place of employment or residence*) |
| as a candidate for | Executive member |
|  |  |

in the forthcoming election to the Executive of the New Zealand Hospital Pharmacists’ Association

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dated this |  | day of |  | 20 |  |

**Nominated by**

|  |  |  |
| --- | --- | --- |
| A | Name (*please print*) |  |
|  | Signature |  |
|  | Place of employment |  |
|  |  | (*or residence*) |
| B | Name (*please print*) |  |
|  | Signature |  |
|  | Place of employment |  |
|  |  | (*or residence*) |

|  |  |
| --- | --- |
| **I, the above-named** |  |
|  | (*Name of candidate*) |
| **hereby consent to the above nomination.** | |
| Signature |  |

|  |  |  |
| --- | --- | --- |
| Please complete and return this form along with a **200 word statement** in support of the nomination to | | |
| The Administrator  NZ Hospital Pharmacy Association  PO Box 11-640, Manners Street, Wellington 6142  [www.nzhpa.org.nz](http://www.nzhpa.org.nz) |  | 02040218887 |
|  | [nzhpa@nzhpa.org.nz](mailto:nzhpa@nzhpa.org.nz) |
|  |  |