



New Zealand Hospital Pharmacists' Association Incorporated
Te Kāhui Whakarite Rongoā Hōhipera o Aotearoa

Election of the Executive

Nomination Paper

We, the undersigned, nominate: _____
(Full name)

of: _____
(Place of employment or residence)

as a candidate for: _____
(state either President or Executive Member or both)

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)

Acceptance:

I, the above-named _____
(Name of candidate)

hereby consent to the above nomination.

Signature _____

Nominations close 5 pm, Monday 26th September 2011

Please complete and return this form along with a 200 word statement in support of the nomination to:

The Administrator
NZ Hospital Pharmacists' Association
PO Box 11-640, Manners Street, WELLINGTON 6142

www.nzhpa.org.nz