



Treasurer Nomination Form

I, _____ WISH TO NOMINATE

(First Names)

(Surname)

REGIONAL DIVISION _____

FOR THE POSITION OF TREASURER

Note: Nominees must be full members of PNC

Signed: _____

Date: _____

(This section to be completed by the nominee)

I _____ ACCEPT THE ABOVE NOMINATION

Signed: _____

Date: _____

CONTACT DETAILS:

ADDRESS:

PHONE:

_____ (home)

_____ (work)

_____ (mobile)

Email: _____

RELEVANT EMPLOYMENT DETAILS:
(circle one/more as appropriate)

PRIMARY HEALTH/PRACTICE NURSE
EDUCATOR/EDUCATION FACILITATOR
PRIVATE HOSPITAL/TE WHATU ORA ORGANISATION

BRIEF EMPLOYMENT HISTORY, INCLUDING CURRENT POSITION AND DATES (THIS INFORMATION MAY BE USED TO PRODUCE A PROFILE FOR VOTING):

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SUPPORTIVE STATEMENT:
(EXPLAIN BRIEFLY WHY YOU THINK YOU ARE SUITABLE FOR THIS POSITION)

PLEASE EMAIL THE COMPLETED NOMINATION FORM (BOTH PAGES) TO:

periopchair@gmail.co.nz

CLOSING DATE: 31st August 2025