



Muscular Dystrophy
New Zealand

OFFICIAL NATIONAL COUNCIL NOMINATION FORM 2022

NOMINEE TO COMPLETE IN FULL:

I accept nomination for the position of _____ on the National Council of the Muscular Dystrophy Association of New Zealand Inc.

I have read the information about the nomination process for the 2022 election of the National Council of MDANZ and confirm that I am a member with voting rights and meet the eligibility criteria set out in clauses 11.4 and 11.5 of the Association's constitution.

I declare that the attached biographical information (if any) is correct and consent to its publication on the ballot paper for the purpose of the election.

Full Name: _____ Member No. _____

Signature: _____ Date _____

Proposer (Name) _____ Member No. _____

Signature: _____ Date _____

Seconder (Name) _____ Member No. _____

Signature: _____ Date _____

Nominees please complete: for the purpose of conducting the election only; details will not be published.

Postal Address _____

Email Address _____

Phone No. _____

(Nominees will be advised by e-mail or post that their nomination has been received, whether it is accepted or declined, and, if declined, the reason.)

NOMINATIONS CLOSE at 4pm, Friday 8th April 2022

Please submit this form to the National Support Office of MDANZ before the closing date. You may email info@mda.org.nz to ask any questions. For more copies of this form please email info@mda.org.nz or phone us at the National Support Office on 0800 800 337.