## **Nomination Form for VSA Council**

**This form requires three people to complete it:**

1. the person nominated - **fills in form**
2. the person nominating a candidate to stand in the VSA Council election – **signs the form**
3. the person seconding a candidate to stand in the VSA Council election – **signs the form**

Please note: the person nominated, and the two people nominating and seconding the nomination respectively, must all be current financial members of VSA (see clause 13.1 of the Constitution).

Members can only be nominated if they are 18 years of age or over, are a New Zealand resident and not actively serving as a VSA volunteer.

All completed nomination documents must be emailed to [*election@vsa.org.nz*](mailto:election@vsa.org.nz)by 28 April 2025.

**Nomination**

Person being nominated:………………………………...…………………………………………………….

*(name as it will appear on the ballot paper)*

Residential address:……………………………………………………………………………………………..

……………………………………………………………………………………………………………………..

Phone:………………………………........………….…Email: …………….……..………….…………….…...

Postal address (if different):….…….…………………………………………………………………………..

**Nominee**: *By consenting to this nomination, I confirm my understanding of the required attributes of VSA Council and my commitment to serve VSA to the best of my abilities. I consent to VSA seeking the views of those within VSA who worked with me, if relevant, and I consent to the information on this form and my accompanying profile being made available to VSA members for communications about the election.*

Signed…………………………………………………………………………………………………………….

Date………………………………………………………………………………………………………………..

**Nominator's name**:……………………………………………………………………………………………. Signature……………………….…………………………………………………………………………………

I have read the nomination information and confirm that the candidate is eligible for nomination.

**Seconder’s name**:……………………………………..……………………………………………………….. Signature………………………………………………………………………………………………………….

I have read the nomination information and confirm that the candidate is eligible for nomination.

**Office use:** Eligibility of candidate verified:Y / N Comments:………………………………………………………………………………….

Financial membership status verified for Nominator: Y / N. For Seconder: Y / N

Signature of Chief Returning Officer:……………………………………………………

Date:……………………………………………………………………………………….…