# NOMINATION FOR ASMS BRANCH OFFICER POSITION

ASMS Branch Name:

Position Nominated: President / Vice President
(please indicate position)

We the undersigned nominate ……..to the above branch officer position; we are both financial member of the ASMS. We are all financial members of the ASMS.

Nominator:

Name Signature date

Seconder:

Name Signature date

Nominee:

I (name) …… am a financial member of the ASMS and accept the nomination to the above position.

Signature date

Nominations should be returned by 4.30pm, Friday 18 May 2018 to ASMS Senior Support Officer Maria Cordalis
**Address**: ASMS, PO Box 10763, WELLINGTON 6143
**Email**: mc@asms.nz
**Fax**: 04 499 4500