



**NOMINATION FOR THE OFFICE OF
Vice President
FOR THE NATIONAL COUNCIL OF Supporting
Families in Mental Illness New Zealand Inc.**

We the undersigned, declare that we are current financial members of an incorporated branch of Supporting Families in Mental Illness (NZ) Inc. (also referred to as SFNZ Inc.)

<i>Name of person nominating :</i>
Name
Signature
Branch

<i>Name of person seconding :</i>
Name
Signature
Branch

and we therefore nominate the following person for the position of Council Member on the 2011-2013 National Council of SFMINZ Inc.

NOMINEE'S DETAILS (please print in block letters)

Full Name	
Address	
Contact Phone Number(s):	

Please note: Nominees are ineligible if they are currently Branch or National Office employees.

CONSENT OF NOMINEE

I agree to accept nomination for the above position and enclose brief (typed) biographical details to be circulated with the AGM papers.

Signature of Nominee	Date
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This form is invalid unless fully completed and also signed and dated by the Nominee

Please return by posting to National Council, FAO Fiona Perry, Treasurer, 2A Burmah Street, Aramoho, Wanganui 4500 / email Fiona.warren@yahoo.com.au

Nominations should be received no later than 22 October 2011 (as per constitution) however for administrative reasons we would prefer nominations by 20 August 2011.