

Trustee Nomination Form

Please submit to info@otagopeninsulatrust.co.nz or P O Box 492, Dunedin By nomination closing date 5pm 19th February 2018

Board of Trustees for the Otago Peninsula Trust 2018.

Nominee Details:

Surname:	First Name:	
Full Postal Address:		
Membership Number	······································	
Telephone number:	DaytimeAfter Hours Cellphone	
Email Address:		
Signature:	Date:	
Nominator Details: 1		
Surname:	First Name:	
Full Postal Address:		
Membership Number		
Membership Number Telephone number:		
•	DaytimeAfter Hours	
Telephone number:	Daytime	

Nominator Details: 2

Surname: First Name:		
Full Postal Address:		
Membership Number:		
Telephone number:	DaytimeAfter HoursCellphone	
Email Address:		
Signature:	Date:	
Relevant Skills and attributes the nominee will bring to the position (which may have been derived from business experience, community involvement, hobbies or recreational activities e.g. board experience, consensus building skills, team player, understanding of public process, cultural awareness, appreciation of conservation lands etc)		
Retired by rotation and offer themselves for re-election.		
Receipt of Nomination (to be sent to nominee)		
Name of Nominee		
Address of Nominee		
Manager:	Robyn McDonald	
Signature:		
Date:		