**NOMINATION FORM**

................................................................. Playcentre

POSITION: ..........................................................................................

NAME OF NOMINEE: .........................................................................

*I agree to this nomination and to the requirements of   
Playcentre regarding this position as outlined below.*

................................................... (signature) Date ........................................

*I am aware that, in the event of my being elected to this position, the Centre will forward my name, email and telephone number for inclusion in the Regional Centre Contacts Database*\*   
  
 Agreed Please do not send this information   
(cross out the statement which does not apply)

NOMINATED BY: ................................................................................   
  
 *I agree to this nomination and to the requirements of   
 Playcentre regarding this position as outlined below*

SECONDED BY:...................................................................................

*I understand that the Playcentre requirements as outlined   
 below have been met in respect of this nomination.*

|  |
| --- |
| • Centre members elected to the positions of Centre President/s, Vice President, Secretary and Treasurer will be required to also complete the Charities Commission Officer Certification Form |

\*The Regional Centre Contact Database is produced for the use of Centres, Regional and National Staff within the New Zealand Playcentre Federation only in the conduct of Playcentre operations. - Ref. Privacy Act 1993  
  
Nomination Forms to be filed with Centre AGM records