**ELECTION OF BOARD OF MANAGEMENT**

**VETERINARY PROFESSIONAL INSURANCE SOCIETY**

# Nomination Form

I hereby propose

of (Practice name)

to be a Board member of the Veterinary Professional Insurance Society.

Name of Proposer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Seconder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , declare that I am eligible and prepared to accept nomination as a Board member of the Veterinary Professional Insurance Society.

Signature of nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Full Name of nominee:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please return this form no later than: 1 April 2020

To: vpis@vets.org.nz

Or post to

The Secretary

Veterinary Professional Insurance Society

C/- P O Box 11-212

WELLINGTON