KAPITI BRANCH NEW ZEALAND SOCIETY OF GENEALOGISTS INC. NOMINATION SLIP

I hereby nominate		, (NZSG Number)
for the position of	(Nominee's full name)	(if applicable)
Committee Member		of the 2019/2020 Committee of the Kapiti Branch of the New Zealand Society of Genealogists.
(Signature of Nominator)		(NZSG Number if applicable)
(Signature of Seconder)		(NZSG Number if applicable)
When fully completed pleas	se either hand to the Secre	tary or post to PO Box 703, Paraparaumu, 5254
IZA DITTI D.D.	ANCHAISM 7EALAND	
KAPIII BR		SOCIETY OF GENEALOGISTS INC. TION SLIP
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(Signature of Nominator)		(NZSG Number if applicable)
(Signature of Hommidtol)		(11200 11 applicable)
(Signature of Seconder)		(NZSG Number if applicable)

When fully completed please either hand to the Secretary or post to PO Box 703, Paraparaumu, 5254