KAPITI BRANCH NEW ZEALAND SOCIETY OF GENEALOGISTS INC.

NOMINATION SLIP

I hereby nominate	, NZSG Number,
(Nominee's full name)	if applicable
for the position of	
(Convenor, Secretary, Treasurer please specify)	of the 2019/2020 Committee of the Kapiti Branch of the New Zealand Society of Genealogists.
/Signature of Naminator)	(NZSG Number if applicable)
(Signature of Nominator)	(NZ3G Number ii applicable)
(Signature of Seconder)	(NZSG Number if applicable)
NB The Nominee must be a member of NZSG	
When fully completed please either hand to the Secre	etary or post to PO Box 703, Paraparaumu, 5254
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