



## The New Zealand Institute of Driver Educators Incorporated

### NZIDE OFFICER & REGION REPRESENTATIVE NOMINATION FORM **(one form for each nomination)**

**To:** The National Secretary, NZIDE Incorporated, 29 District Road, No 1 RD, Invercargill 9871 or email: [info@nzide.org.nz](mailto:info@nzide.org.nz) and copy the nominee. As financial members of the New Zealand Institute of Driver Educators, we nominate:

Name: (please print) \_\_\_\_\_

to the position of (tick one)  President  Vice-President  Treasurer  Secretary  Region Representative (circle one) Northern, Midlands, Central, Upper South, Mid South, Lower South) for the NZIDE Executive Committee.

**Nominations close 1<sup>st</sup> July 2024** and must be received by the National Secretary no later than this date. Nominees must be financial members with full membership (includes group membership, full membership, life membership, group administrators who would qualify for full membership). They must be over 16 years of age, not be undischarged bankrupt, not be prohibited from involvement in management of an incorporated society or a charity, not convicted of a crime involving dishonesty, tax, money laundering or any other disqualification under the Incorporated Societies Act 2022. In the event no nomination is received for an office by this date, nominations may be accepted on the day of the Annual General Meeting.

**Nominated by:**

Name (please print) \_\_\_\_\_ Sign or send from NZIDE login email \_\_\_\_\_

**Seconded by:**

Name (please print) \_\_\_\_\_ Sign or send from NZIDE login email \_\_\_\_\_

**Nomination Accepted:**

Sign or send from nominee NZIDE login email \_\_\_\_\_

---



## The New Zealand Institute of Driver Educators Incorporated

### PROXY VOTING AUTHORISATION

**To:** The National Secretary, NZIDE Incorporated, 29 District Road, No 1 RD, Invercargill 9871 or email: [info@nzide.org.nz](mailto:info@nzide.org.nz)

As a financial member of the New Zealand Institute of Driver Educators, I nominate

Full Name: (please print) \_\_\_\_\_

Address: (please print) \_\_\_\_\_

to proxy vote for me on all matters at the NZIDE Annual General Meeting to be held Friday 30<sup>th</sup> August 2024 at 4:15pm. Proxy nominations must be received by the Secretary no later than twenty-four (24) hours before this meeting. Nominees must be financial members with full membership (includes group membership, full membership, life membership, group administrators who would qualify for full membership).

**Nominated by:**

Name (please print) \_\_\_\_\_ Sign or send from NZIDE login email \_\_\_\_\_