

NOMINATION FOR DIABETES NEW ZEALAND LIFE MEMBERSHIP



diabetes
new zealand

Date _____

The following is nominated for Diabetes New Zealand Life Membership

Full name _____

Address _____

Society _____

Details of person submitting the nomination:

Name _____

Society _____

Phone no _____

Email _____

Signature _____

Please set out below details of the activities undertaken by the person you are nominating and the reasons why you consider he or she should receive Diabetes New Zealand Life Membership.

Activities undertaken and reasons for consideration

(attach extra sheets as required)
