

**REGIONAL REPRESENTATIVE NOMINATION FORM 2025**

**Name of Region:** \_\_\_\_\_

**Full name of nominee:** \_\_\_\_\_

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

Email address of nominee: \_\_\_\_\_

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

**Name of nominator:** \_\_\_\_\_

(Name of choir or affiliate organisation where not a Personal Member)

Signature of nominator/authorised representative: \_\_\_\_\_

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

**Name of seconder:** \_\_\_\_\_

(Name of choir or affiliate organisation where not a Personal Member)

Signature of seconder/authorised representative: \_\_\_\_\_

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

If one or both of the nominators is a Member Choir or affiliate organisation, please write the name(s) of the individuals who are authorised to complete this nomination form on behalf of a choir or organisation:

Names: \_\_\_\_\_

\_\_\_\_\_

Please send all nominations by **Thursday 20 March 2025** to:

Christine Argyle, Chief Executive, NZCF

Email: [christine.argyle@nzcf.org.nz](mailto:christine.argyle@nzcf.org.nz)

Postal address: Box 188, Wellington 6140