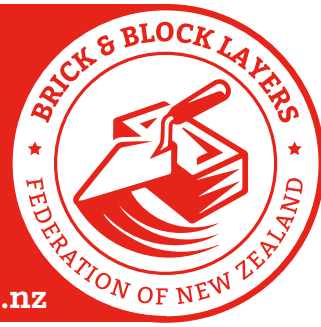


FELLOW MEMBER NOMINATION FORM



www.bbfnz.co.nz

DETAILS OF THE PERSON YOU ARE NOMINATING:

Name:

Email Address:

Contact phone Number:

Has the individual 'retired'? Yes No

Was the individual a 'life member' of a trade association? Yes No

Reason for nomination:

Is the individual aware of the nomination? Yes No

YOUR DETAILS:

Name:

Email Address:

Contact phone Number:

BBFNZ Membership type: NZMTA Trade member Employee member
 Manufacturing member Associate member
 Apprentice member Fellow member

DECLARATION:

I confirm that this information in this nomination is true and correct. I accept that nominations are subject to BBFNZ Board approval.

Signed:

Date:

This form may either be emailed to info@bbfnz.co.nz or posted to PO Box 50137, Porirua 5024.