

# RMTU ELECTION FORM

**Nomination for:**

**Nominations open**

**Nominations close**

Please return to: The Returning Officer, RMTU, PO Box 1103, Wellington, 6014.  
Or fax to 04-471-0896. Or email a copy to *admin@rmtunion.org.nz*

**First nominator**

**Second nominator**

**Name**

**Name**

**Membership number**

**Membership number**

**Designation**

**Designation**

**Employer**

**Employer**

**Address**

**Address**

**Telephone number**

**Telephone number**

**Signature**

**Signature**

**We nominate**

**For the position of**

**Acceptance of nomination and declaration**

I, the undersigned, accept the nomination and declare that I will, at all times during the continuance of my membership, uphold the rules of the Union including the decisions and interpretations of the conference and National Management Committee as made and published from time to time.

I attach my 250 word personal statement and photo.

**Name of person nominated**

**Designation**

**Employer**

**Address**

**Signature**

**Date**

**Membership number**

**Telephone number**

**For office use**

**Elegibility**

**Received**

**Entered**

**Acknowledged**