

# 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](mailto: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