



**New Zealand
Asparagus
Council**

Nomination for Chairman of the New Zealand Asparagus Council

I _____
(the Proposer)

Hereby nominate _____

For Chairman

Date _____

Signature of Proposer _____

Seconded by _____
(name of Seconder)

Signature of Seconder _____

I accept this nomination _____
(signature of nominee)

Please note that this nomination form must be received by the Executive Officer by 5.00pm on
Wednesday 21 June 2017
Eve.Williams@hortnz.co.nz

- a) *For nominations to be accepted candidates must be nominated by at least two grower members by the closing date for nominations.*
- b) *Nominees must be a grower member*
- c) *At least 21 days prior to the annual general meeting a list of nominees for the position of Chairman, together with the name of the member who nominated and the name of the member who seconded each candidate, will be circulated to all members.*
- d) *If there is more than one nominee then a vote of all members will be conducted at the annual general meeting*