



Nomination Form for Life Membership

To be completed in capital letters and sent to the office of Motorcycling NZ

To be submitted prior to 28 February by mail, fax or email to admin@mnz.co.nz

I would like to nominate for the current year's consideration:

Last Name		First Name	
Date of Birth			
Club—Current or Past			
Home Address			
Private Tel #		Business Tel #	
Mobile Tel #		Fax #	
Email Address			

Reason for Nomination	
Short description of the Facts supporting the Request for MNZ Life Membership **	

** please add relevant documents (reports, photos, articles, etc.) illustrating the merits of the applicant

Positions previously and currently held at Club level	
Positions previously and currently held at MNZ level	
Personal Motorcycling activities/achievements	
Is the Nominee a Life Member of any Club(s)	

Nominated by..

Date	Name & Signature		
	I confirm that I am a full current member <input type="checkbox"/> A Grade 3 or 4 level Official <input type="checkbox"/> Am a current affiliated club President, Vice President or Captain <input type="checkbox"/>		
Phone #	Email Address		
Affiliated Club			

Seconded by..

Date	Name & Signature		
	I confirm that I am a full current member <input type="checkbox"/> A Grade 3 or 4 level Official <input type="checkbox"/> Am a current affiliated club President, Vice President or Captain <input type="checkbox"/>		
Phone #	Email Address		
Affiliated Club			