



P O Box 34 259  
Birkenhead  
Auckland 0746

[www.dystonia.org.nz](http://www.dystonia.org.nz)

## Nomination form

Date: \_\_\_\_\_

We wish to nominate \_\_\_\_\_ for the position of

\_\_\_\_\_

Nominated by \_\_\_\_\_

Seconded by: \_\_\_\_\_

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### ACCEPTANCE OF NOMINATION

I accept nomination for the above position.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_