



Nomination Information Required:

Proposed Recipient –
Name:
Email:
Address:
Telephone number:
DURATION OF SERVICE:
QUALITY OF SERVICE:
ACTUAL ACHIEVEMENTS:

Please send this form back to: admin@irrigationnz.co.nz Phone: 04 595 6848

LEVEL OF VOLUNTARY INPUT:	.
LEADERSHIP:	
Nominator Contact Details Full name:	Email address:
Phone number:	Signature: Date of Nomination

Please send this form back to: admin@irrigationnz.co.nz Phone: 04 595 6848