# REGISTRATION FORM

Please complete and sign the applicable Registration form below and email to the Chief Executive via members@ecnz.ac.nz by 12 noon, 11 July 2019

#

**REGISTER PROXY VOTE** (Applies to a Centre/Individual/Life/Student Member)

I, [TYPE FULL NAME AND MEMBERSHIP NUMBER] wish to register that the delegate nominated below will attend the Te Rito Maioha Early Childhood New Zealand’s Annual General Meeting 2019 and is authorised to vote on my behalf.

**The delegate authorised to carry my proxy vote is:**

[TYPE FULL NAME AND MEMBERSHIP NUMBER]

**REGISTER OF CENTRE VOTE**

|  |
| --- |
| TYPE NAME OF CENTRE AND MEMBERSHIP NUMBER |

Wish to register that the two delegates nominated below are attending Te Rito Maioha Early Childhood New Zealand’s Annual General Meeting 2019 and are authorised to vote on behalf of the Centre.



|  |
| --- |
| TYPE NAME OF DELEGATE 1 AND MEMBERSHIP NUMBER |

|  |
| --- |
| TYPE NAME OF DELEGATE 2 AND MEMBERSHIP NUMBER |

**REGISTER OF INDIVIDUAL**

|  |
| --- |
| TYPE NAME OF INDIVIDUAL AND MEMBERSHIP NUMBER |

I wish to register my intention to attend Te Rito Maioha Early Childhood New Zealand’s Annual General Meeting 2019 and understand I am entitled to one (1) vote.

**REGISTER OF INDIVIDUAL COMPLIMENTARY**

|  |
| --- |
| TYPE NAME OF INDIVIDUAL AND MEMBERSHIP NUMBER |

I wish to register my intention to attend Te Rito Maioha Early Childhood New Zealand’s Annual General Meeting 2019 and understand that I have no voting rights.

**REGISTRATION OF LIFE MEMBER**

|  |
| --- |
| TYPE NAME OF LIFE AND MEMBERSHIP NUMBER |

I wish to register my intention to attend Te Rito Maioha Early Childhood New Zealand’s Annual General Meeting 2019 and understand I am entitled to one (1) vote.

**REGISTRATION OF STUDENT MEMBER**

|  |
| --- |
| TYPE NAME OF STUDENT AND MEMBERSHIP NUMBER |

I wish to register my intention to attend Te Rito Maioha Early Childhood New Zealand’s Annual General Meeting 2019 and understand I am entitled to one (1) vote.

**REGISTRATION OF INSTITUTIONAL AND PROVISIONAL MEMBER**

|  |
| --- |
| TYPE NAME OF STUDENT AND MEMBERSHIP NUMBER |

I wish to register my intention to attend Te Rito Maioha Early Childhood New Zealand’s Annual General Meeting 2019 and understand that I have no voting rights.

