



PHARMACEUTICAL SOCIETY  
of New Zealand Incorporated

# Fellow of Pharmaceutical Society of New Zealand Incorporated

## Nomination Form

I, the undersigned, do hereby nominate: *(Please print clearly)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

as a nominee for the award of Fellow of the Pharmaceutical Society of New Zealand Incorporated.

*Please refer to the Guidelines for the Designation of Fellows of the Pharmaceutical Society of New Zealand Incorporated.*

Name of Nominator: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

PSNZ Inc. Membership No: \_\_\_\_\_

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

**NB: Nominee to be nominated without contacting the individual concerned so that it may be duly considered by the Panel of Fellows.**

To complete this nomination please attach:

1. A Curriculum Vitae for the nominee, including full details of their outstanding and significant contribution to the advancement of pharmacy in New Zealand, and
2. A minimum of two letters from Members (not the nominator) of PSNZ Inc in support of the above nominee.

**Please send to the:  
Panel of Fellows  
C/- EA to the Chief Executive Officer, PSNZ Inc  
PO Box 11640, Manners Street, Wellington 6142**

**Telephone 04 802 0030  
by 5.00pm, Wednesday 29 September 2021**