



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 30 September 2020**