**LIFE MEMBERSHIP OF DPA (NZ) INC**

1. DPA’s constitution states:

**6.4 Life membership:**

6.4.1 A person who is deemed to have served the Assembly in an extraordinary way may be granted Life Membership.

6.4.2 The members at a meeting of the Assembly shall approve Life Membership after a recommendation by the National Executive Committee.

6.4.3 Life Membership will accord the recipient all rights and privileges accorded a financial Individual member but the recipient will not be required to pay the annual subscription.

2. The National Executive Committee (NEC) seeks nominations annually for Life Membership of the Disabled Persons Assembly (NZ) Inc.

3. The nominations for Life Membership for this year will be considered by the NEC.

4. The members at the National AGM will vote on the NEC’s recommendations for Life Membership.

5. DPA members who are current (ie have paid a subscription for the year ending 30 June 2018), who wish to nominate a person, should complete the attached nomination form.

**6. Nominations CLOSE with the RETURNING OFFICER, DPA (NZ) Inc,   
PO Box 27-524, Marion Square, Wellington 6141 on 17 August 2017.**

Gary Williams  
National Operations Manager

**NOMINATION FOR LIFE MEMBERSHIP**

Please return by 17 August 2017.

To: RETURNING OFFICER   
DPA (New Zealand) Inc  
PO Box 27-524  
Marion Square  
WELLINGTON 6141

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| (a) | | I am: | |  | A Financial Individual or Family Member, OR | | |
|  | | | | | | | |
|  | |  | |  | A representative of a Financial Corporate Member. | | |
|  | |  | | Please tick the one that applies to you. | | | |
|  | |  | | | | | (Name of the Organisation) |
|  | | | | | | | |
| (b) | I hereby nominate (Name) | | | | | |  |
|  | as a Life Member of Disabled Persons Assembly (NZ) Inc because:  Please explain how your nominee has served DPA in an extraordinary way and why they should be a Life Member of DPA. | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Name of Nominating Person | | | | | |  | |
| Signed | | |  | | | | |
| Address | | |  | | | | |