

FIRST DELEGATE ELECTION FORM



Name: (Mr/Mrs/Miss/Ms) _____ Female Male
Membership Number: _____

Personal Contact Details:

Home Address: _____
Home Phone: _____ Mobile Number: _____
Email: _____ Best time to Contact: _____

Employer Details:

Name of Company / Worksite: _____ Position: _____
Department: _____
Start Time: _____ / Finish Time: _____ Weekly Hours worked: _____
Postal Address: _____
Street Address: _____
Work Phone: _____ Mobile Number: _____
Email: _____

Sector:

Transport, Energy Stores: Retail: Finance:
Textile: Clothing:
Baking: Wood:

Election Details :

Position: _____ (New delegate / Head delegate / Contact person)
Replacing: _____ (Office use membership No. _____)
(if applicable) Name of previous delegate
Organisers Name: _____
Please Print
Organisers Signature: _____ Dated: _____

PLEASE SEND COMPLETED FORM TO:

email: elaine.williams@firstunion.org.nz
Fax: 09 622 8353
Post: Private Bag 92904, Onehunga, Auckland 1643

Office Use Only:

Date Received:	Date Kūpenga Updated:	Date Register Updated:	Date Del. Pack Sent:	Date Courtesy Call