

FELLOWSHIP

1. NOMINEE DETAILS

We, the undersigned, being Fellows or Associates of LIANZA, hereby nominate

Full name

for the award of Fellow of LIANZA.

2. NOMINATORS DETAILS

Nominators must be LIANZA Fellows or Associates

First name/*Ingoa*

Surname/*Ingoa whānau*

Title Previous name

Iwi *Hapū*

Mailing address/*Wāhi noho*

.....

.....

Postcode City/*Taone*

Country/*Whenua*

Phone/*Waea* Cell phone/*Waea pūkoro*

Email/*Ī mēra*

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Email/*Ī mēra*



FELLOWSHIP

3. EVIDENCE

Please attach all relevant documentation from checklist below

- Two support statements (one from each nominators)
- Testimonials from at least two other members of the library & information profession

4. DECLARATION

I declare that,

1. I wish to nominate..... for LIANZA Fellowship
2. I solemnly and sincerely declare that, to the best of my knowledge and belief, all the information in this application is entirely true and correct
3. I understand LIANZA may contact institutions or individuals named in this application to verify the information provided
4. I am currently a LIANZA Associate Fellow

Signed Date

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4. I am currently a LIANZA Associate Fellow

Signed Date

Send completed nomination to officeadmin@lianza.org.nz



Library and Information Association of New Zealand
Te Rau Herenga O Aotearoa