

# 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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### 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 .....

I ..... declare that,

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4. I am currently a LIANZA  Associate  Fellow

Signed ..... Date .....

Send completed nomination to [officeadmin@lianza.org.nz](mailto:officeadmin@lianza.org.nz)



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