



St Peter's  
Cambridge  
ALUMNI

St Peter's School Alumni Incorporated  
Nomination for Office  
Alumni Committee

I wish to nominate (print name of nominee) \_\_\_\_\_

Proposer: (print name) \_\_\_\_\_ Signature: \_\_\_\_\_

Seconder:(print name) \_\_\_\_\_ Signature: \_\_\_\_\_

I (print name) \_\_\_\_\_ declare that I attended St  
Peter's School (years at school) \_\_\_\_\_ and I accept this nomination.  
If elected, I will perform my duties to the best of my ability in accordance with  
the St Peter's Alumni Incorporated Rules.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed nomination forms must be received at least seven days prior to the  
date of the Annual General Meeting.

Please return to:

Sara Young, Alumni Relationship Manager  
sara.young@stpeters.school.nz

or via mail:

St Peter's School Alumni Inc.  
Private Bag 884  
CAMBRIDGE  
New Zealand