

**Nomination for the Position of CMFnz Board Member**

Please complete the nomination process, which is outlined below, and ensure that nominations are received by CMFnz before midnight on **Wednesday 13th August 2025**. Late nominations will not be accepted.

Please email to lois.cameron@cmf.nz or post to PO Box 31138, Milford, Auckland, 0741.

Please note that each nominee must consent to their nomination, and that the nominee must be nominated by two full CMFnz members.

**Nominee's Statement:**

*I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to be nominated for the position of a CMFnz Board Member and understand that if I am elected, this position will be for a tenure of approximately two years from 20th August 2025 until CMFnz’s 2027 AGM.*

*Signed:*

*Date:*

**Nominator's Statement:**

*I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, wish to nominate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the position of CMFnz Board Member for a tenure of approximately two years from 20th August 2025 until CMFnz’s 2027 AGM.*

*Signed:*

*Date:*

**Seconder’s Statement:**

*I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, wish to second the nomination of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the position of CMFnz Board Member for a tenure of approximately two years from 20th August 2025 until CMFnz’s 2027 AGM.*

*Signed:*

*Date:*

I confirm my support of the Aims of CMFnz: **yes / no**

1. *To unite Christian doctors and medical students in their common loyalty to our Lord Jesus Christ by both deepening their Christian faith and by seeking the highest attainable standards of Christian and professional conduct*
2. *To promote in the medical profession personal faith in Jesus Christ and the acceptance of his ethical teaching*
3. *To provide a forum for the expression of the relevance of the Christian faith to the particular issues of our national and local life as they relate to medicine*
4. *To strengthen the work of the University Christian groups, particularly in the Faculties of Medicine*
5. *To support the work of medical missionaries throughout the world*

I confirm my agreement with CMFnz’s Basis of Belief: **yes / no**

*The revelation of the one true God (Father, Son and Holy Spirit) as it is given to us in the Bible, which is the divinely appointed authority for faith and life; the Gospel of our redemption through the incarnation, death and bodily resurrection of our Lord Jesus Christ; our regeneration and renewal in holiness through the Holy Spirit’s indwelling; and the expectation of the return of Christ to receive His people and to be the world’s righteous judge.*

I confirm my agreement with CMFnz’s Declaration of Membership: **yes / no**

*In joining the Christian Medical Fellowship of New Zealand, I declare my faith in God the Father, and in God the Son the Lord Jesus Christ who is my Saviour. I desire to be ruled by God the Holy Spirit in accordance with the Bible, the divinely appointed authority in matters of life and faith.*

I confirm I am an active member of a Christian Community: **yes / no**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
  
Please print the two-page form, complete in full, scan and email to lois.cameron@cmf.nz by closing date of nominations, or post to CMFnz Board Secretary, CMFnz, PO Box 31138, Milford, Auckland, 0741, allowing sufficient time for the nomination to be delivered by closing date of nominations.