Name of NZSSA Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Membership Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**INSTRUCTIONS**

* Please record any changes you would like to be considered against a specific clause number from the current NZSSA Constitution.
* For a current copy of the NZSSA Constitution and Rules (2017) please go to <https://nzssa.org/constitution-and-rules/> and click on the link at the bottom of the page.

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| **Clause Number** | **Description of Change / specific wording** |
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When you have finished identifying proposed changes to the NZSSA C&R, **please forward no later than 27th October 2023 to either**:

Maureen Scott Aileen Derby

Manager CSSD Manager CSSD

Waikato District , Hamilton Counties Manukau District, Auckland

[Maureen.Scott@waikatodhb.health.nz](mailto:Maureen.Scott@waikatodhb.health.nz) [aileen.derby@middlemore.co.nz](mailto:aileen.derby@middlemore.co.nz)