



**ESNZ Eventing Board Member – Rider Representative  
Nomination Form**

I.....(name)

ESNZ Membership #.....

nominate

.....(name)

to be the Elected Member – Rider Representative of the ESNZ Eventing Board

Dated .....

.....  
*Signature of nominator*

.....  
*Signature of nominee*

**Please email to Eventing Sport Manager by 5pm, 12 June 2022  
eventing@nzequestiran.org.nz**

*No late nominations will be accepted*



**ESNZ Eventing Board Member Riders Representative  
Statement of Motivation**

NAME: .....

MEMBERSHIP #: .....

ADDRESS: .....

MOBILE #: .....

EMAIL: .....

**Your motivation for this role:**

**Your Event Rider experience:**

**Your Governance / Leadership experience relevant to this role:**

**Your relevant skills and strengths you would bring to the Board:**

**Any further comments:**