NOMINATION FOR LIFE MEMBERSHIP OF SURF LIFE SAVING NEW SOUTH WALES

Contact Details:

Nominee: .....

Address: .....

..... P'Code: .....

Branch: ..... Club: ..... Joined: .....

Phone Number: .....

Partner's Name (for invitations): .....

Association Awards Gained:

Bronze Medallion: .....

Instructors Certificate: .....

Examiners Certificate: .....

Long Service Award: .....

General Summary: (from Tabulated Information)

Membership of Association: gained ..... period: .....

Active Membership, Board of Examiners: gained ..... period: .....

Officer, SLSA/SLSNSW/Branch: gained ..... period: .....

Officer, Club: gained ..... period: .....

Committee/SLSA/SLSNSW/Branch: gained ..... period: .....

Committee/Club: gained ..... period: .....

Life Membership, Club: gained ..... period: .....

Life Membership, Branch: gained ..... period: .....

Record of Service to Surf Life Saving

Club	Official Positions/Committee	No. Years	Period

Branch	Official Positions/Committee	No. Years	Period

SLSNSW	Official Positions/Committee	No. Years	Period

SLSA	Official Positions/Committee	No. Years	Period

Special Aspects of Nominees Service: (to be completed by nominators) .....

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Other Information: .....

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Name: .....

Branch Position: .....

Branch Endorsement: .....