

**LIFE MEMBERSHIP NOMINATION FORM**

|  |  |
| --- | --- |
| **Full name of person being nominated** |  |
|  |  |
| **Contact details of person being nominated** | **Email:** |
|  |  |
|  | **Phone:** |
|  |  |
|  | **Postal address:** |
| **Capacity of service *(eg player, coach, technical official, administrator, office bearer, volunteer or sponsor)*** |  |
| **Details of contribution**  ***(Please include roles undertaken, time in role, outstanding achievements, impact on Association)*** |  |
| **Additional information in support of nomination *(if space is insufficient then please attach a separate sheet)*** |  |

|  |  |  |
| --- | --- | --- |
| **Nominated by** | **Nominator 1** | **Nominator 2** |
|  |  |  |
| **Name** |  |  |
| **Email** |  |  |
| **Telephone** |  |  |
| **Current financial member of Association (Yes/No)[[1]](#footnote-1)** |  |  |
|  |  |  |
| **Signed** |  |  |
| **Date of Nomination** |  |  |

Please email completed and signed nomination form to secretary.cdb@outlook.com.

1. Note – you must be a current financial member of the Association to nominate another person for Life Membership [↑](#footnote-ref-1)