**Nomination for Noosa Heads Surf Life Saving Club Life Membership**

* Please print clearly.
* Please attach additional information if space not sufficient.
* Other supporting information may be attached.

**Noosa Heads Surf Lifesaving Club Honours**

Life Membership – awarded to any member who has rendered ten (10) years distinguished, conspicuous and sustained service and/or special service to the Club and or Surf Life Saving, where such service is deemed to have assisted the advancement of the Club and Surf Life Saving within a period of fifteen (15) years.

Whilst this nomination form invites the proposer to identify the honours/awards they feel would be appropriate, the final level of award will be determined by the Club Council, following review and recommendation by the Life Members Panel, and endorsed by the Board. That decision will be final, and no correspondence will be entered into.

**Privacy**

These personal details are being collected by Noosa Heads Surf Life Saving Club for the purpose of assessing the nominee’s eligibility for Life/Governor membership of NHSLSC. The personal information will be disclosed to the Noosa Heads Club for the same purpose. These details will not be disclosed to any third parties by NHSLSC.

You have the right to access the information held about you by Noosa Heads SLSC.

**This nomination is made on behalf of: *(Nominees Name)***

|  |  |
| --- | --- |
| Proposer: | Signature: |
| Position: | **Date:** |
| Seconder: | **Signature:** |
| Position: | **Date:** |

**Nominee’s Personal Details**

|  |
| --- |
| First Name: Last Name:  Date of Birth: Female / Male  Address:    Town: State: Post Code:  Phone (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone (M)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: |
|  |
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**Summary of the nominee’s Service**

In the space below, please summarise the significance of the nominee’s contribution to the Noosa Heads Surf Lifesaving Club (Supporting information and details to be shown in the following pages).

**NB. You need to argue a case for your nominee**

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Surf Life Saving Club Membership

Year joined SLSA: Years of Service:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Club** | **From (year)** | **To (year)** | **Club** | **From (year)** | **To (year)** |
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**Nominee’s Surf Lifesaving Awards**

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**Nominee’s Record of Service: Club**

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| --- | --- | --- | --- |
| **Achievement / Role** | **From** | **To** | **Details** |
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**How Are These Achievements Distinguished / Significant / Sustained?**

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**Other Awards (Australian Honours, Civil, sporting, community or Other Honours)**

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**NHSLSC OFFICE USE ONLY**

*Life Member Panel Recommendation □ Yes/Supported □ No/Not Supported*

*President/Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Club Council Recommendation □ Yes/Supported □ No/Not Supported Recommendation*

*President \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Board Recommendation □ Yes/Supported □ No/Not Supported Recommendation*

*President \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*