Life Membership Nomination Form

Townsville Castle Hill Touch Association Inc.
trading as
Townsville Touch Football
The Secretary
P.O. Box 7576, GARBUTT Qld 4814.
Email: jan@townsvilletouch.com

We the undersigned, hereby propose and second _____
(Name of person being proposed)

be awarded LIFE MEMBERSHIP of the Townsville Castle Hill Touch Association Incorporated.

Criterion Required

10 years continuous service in the form of administration (i.e. Management Committee, Coordinator or Sub-committees)

These conditions may be varied in the case of extenuating circumstances.

Information supporting this nomination is as follows:

Proposer:

Name: _____

Address: _____

Signature: _____ Date: _____

Seconder:

Name: _____

Address: _____

Signature: _____ Date: _____

NOMINATIONS FOR LIFE MEMBERSHIP ARE CONSIDERED ONCE EACH YEAR AT THE ANNUAL GENERAL MEETING. ALL NOMINATIONS MUST BE RECEIVED BY THE SECRETARY AT LEAST TWENTY-ONE (21) DAYS PRIOR TO THE ANNUAL GENERAL MEETING.

For Office Use Only:

Date nomination received: ____/____/____

ANNEXURE - 2