



Recommendation for Life Membership Award

Full name of Nominee (please print) _____

Maiden name (if applicable) _____

Postal address

Nominee's Club _____

Nominator / Nominating Club _____

Number of years Nominee connected with Diving New Zealand _____

Number of years with a Club _____ Years as an active competitor _____

List offices held by Nominee in a Club (include dates)

Has the Nominee belonged to any other Club(s) (name of Club(s) and dates)

List offices held by Nominee in other Club(s) (include dates)

List offices held by Nominee at local/national level (include dates)

List Nominee's official activities at diving meets (judge/technical/administration etc)

If nomination is made by a Club:

Has the Club's Awards Committee (if any) considered this nomination YES NO

General Comments (to include in detail any special work in education, coaching, or other activities in Nominee's Club or regional level, if not covered above. Please attach additional information if required)

Date of Club meeting to consider nomination:

Club Chair: _____ Proposer: _____

Club Secretary: _____ Seconder: _____

If nomination is made by an individual:

General Comments (to include in detail any special work in education, coaching, or other activities in Nominee's Club or regional level, if not covered above. Please attach additional information if required)

Proposer: _____

Seconder: _____