**Recommendation for Life Membership**

Please note full details of National Service must be included

Full name of nominee (please print)

Maiden name (if applicable)

Postal address

Nominee’s club

Nominating regional association

Number of years connected with Swimming New Zealand

Number of years with club Years as active competitor

**List offices held by nominee in club (include dates)**

**Has 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 in regional association (include dates)**

**List official activities at regional meets (names and dates)**

**List offices held by nominee at a National/International level (include dates)**

**List official activities at National/International meets (names and dates)**

**General Comment** (to include in detail any special work in education, coaching, or other activities in nominee’s club, regional association, National or International if not covered above. Please attach additional information if required).

Has the Regional Awards Committee considered this nomination? YES NO

What was their recommendation?

**General Comment** (to include in detail any special work in education, coaching, or other activities in nominee’s club or regional association, if not covered above. Please attach additional information if required).

Date of regional association meeting to consider nomination:

Regional association chair: Proposer:

Regional association secretary: Seconder: