



**Nomination for Life Membership State Branch President and Secretary  
Recommendation**

This document should be kept confident. Please fill out this document and return it to  
The Secretary, PO Box 1060, PARRAMATTA NSW 2124, Australia.

Please provide evidence that verifies all claims made in the nomination for [insert  
name] to be conferred with the honour of Life Membership of ASLIA.

This nomination is / is not recommended by ASLIA [insert branch name] for the  
following reasons:

OR

We decline to recommend or otherwise in relation to this nomination because of the  
following reason(s):

President: \_\_\_\_\_

Signature\_\_\_\_\_

Secretary:

Signature\_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

## Version History

<b>Version Date</b>	<b>Prepared by</b>	<b>Checked by</b>	<b>Approved by motion</b>	<b>Summary of updates</b>
V1.0 2011				
V2 2018	Danielle Ferndale Merie Spring	De Brown	Approved	Template