



# **LIFE MEMBER NOMINATION FORM**

The Nominee must be nominated and seconded by existing financial members of the Castlemaine Football Netball Club, one of which must be an active member (as the holder of historical knowledge)

## **CRITERIA**

1. The Nominee for Life Membership must have given a minimum of 10 years continuous financial membership or continuous service with the Castlemaine Football Netball Club
2. Less than 10 years may be considered if exceptional circumstances are involved as deemed by the Executive Committee
3. Length of Membership (10 years) alone is not appropriate
4. The Nomination must articulate the reasons why Life Membership is considered appropriate and where possible, specify examples of work or involvement which has significantly progressed the Castlemaine Football netball club should be cited.
5. Nominations must reach the Secretary no later than six (6) weeks before the AGM.

I have read the criteria and believe this nomination complies with all the given criteria. As such, I would ask the CFNC Committee to accept this nomination and consider the person nominated for Life Membership.

Name of Nominator:.....

Are you a Financial Member? Yes/No

Are you an Active member? Yes/No

Signature:.....

Name of Seconder:.....

Are you a Financial Member? Yes/No

Are you an Active member? Yes/No

Signature:.....



I wish to nominate ..... for Life Membership to the CFNC in Season ..... (year).

Please provide as much information about the nominee as possible and attach supporting documentation if required.

Highlight the nominee’s roles and responsibilities and official positions the nominee has been involved in over the past decade:

- .....
• .....
• .....
• .....

Outline the skills and attributes they have brought to CFNC.

- .....
• .....
• .....
• .....

Name any awards and the year that they were received by the nominee:

- .....
• .....
• .....

Number of games the nominee has played at CFNC:

- .....
• .....
• .....

Number of years’ service they have given to CFNC and in what roles:

- .....
• .....
• .....

Please return this nomination form by 31 July of any year via: secretary@castlemainefnc.com.au

OFFICE USE ONLY

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

Further Documentation Required: Yes No

If Yes, Details: \_\_\_\_\_

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

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_