

Award Nomination Form



Recommendation for Life Membership

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)

Award Nomination Form



List offices held by nominee in regional association (include dates)

List official activities at swimming meets (names and dates)

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: _____