

## **Men of League Foundation Nomination for Life Membership**

- √ Please print carefully
- √ Please attach additional information if space is not sufficient
- √ Other supporting information may also be attached

Details of nominee					
First name		Surname			
Date of birth		□Male	□ Female		
Address					
Suburb		State	Postcode		
Phone no.		Mobile no.			
Email		Partner's name (for invitations)			
Nominee's membership details					
Membership no.					
Year joined		Men of League Foundation Affiliated Body details			
Financial	□ Yes □ No				
Nominee's record of service					
Achievements / Role	From	То	Details		

How are these achievements distinguished/sustained/conspicuous?				
Other awards (Australian Honours, civil, sporting, community or other honours)				
Details of nominators				
Proposer name				
Position				
Membership details				
Signature		Date		
Seconder name				
Position				
Membership details				
Signature		Date		

Please return this nomination form by 31 March of any year to:

Chief Executive Officer
Men of League Foundation
PO BOX 7049 SILVERWATER NSW 2128
ceo@menofleague.com

Office Use Only		
Date received		
Further documentation required	□Yes	□No
If yes, details		
Date approved by FAR Committee		
Date approved by Board of Directors		
Chairman's Signature		
Date		