SWIMMING BAY OF PLENTY

NOMINATION FORM –BAY OF PLENTY SERVICE AWARDS Date_____

Service / Honours / Life Member (please circle)

to be received by the Regional Administrator prior to 5pm, 1 March

NAME OF NOMINEE _____

ADDRESS _____

CURRENT REG. NO. _____ DATE: _____

ORIGINAL REG. NO. _____ DATE: _____

(These may be obtained from the Regional Administrator)

NOMINEE HAS BEEN A REGISTERED MEMBER OF _____CLUB

AND SWIMMING BOP FOR THE PAST _____YEARS.

POSITIONS HELD IN THE ABOVE CLUB (OR CLUBS) AND IN THIS REGION.
(List details and dates)

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PO Box 5084, Rotorua 3044

Phone: 07 3332642

Email: swimbopadmin@vodafone.co.nz

IF NOMINEE IS A MARRIED FEMALE STATE PREVIOUS NAME

_____

(Required only where name is changed during the term of membership).

COMMENTS (Include any other activity not covered such as Educational, Coaching, Recreational work etc, in Club, Region, Inter-Region, or National spheres.)

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A CITATION MUST ACCOMPANY THIS NOMINATION

NOMINATED BY_____ CLUB AT A CLUB MEETING HELD ON THE

_____ (Date)

SIGNED_____CHAIRMAN SIGNED _____SECRETARY

PROPOSED BY_____SECONDED BY _____

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