

The Returned & Services League of Australia
(Queensland Branch)



NOMINATION FOR AUXILIARY LIFE MEMBERSHIP

Citizen's Auxiliary ☐ Women's Auxiliary ☐

Instructions:

The nomination form is not to be completed by the nominated member.

The information required below for the member's Auxiliary details and service to the Auxiliary and the League, is to be accurate and up to date on the Membership Management System (MMS).

All certificates are printed from the member's information contained in the MMS.

All other details are to be typed into the required fields. The fields will increase with the typing.

On completion the form is to be printed, scanned and uploaded into the MMS as part of the Awards Nomination process.

1. To: RSL (Queensland Branch) State Headquarters (Through District Branch)

2. The Sub-Branch in the District recommends

(Title) (Given Names) (Surname) (Qld. Member Number)

(Date of Birth) for the award of **Auxiliary Life Membership and Gold Badge.**

3. **Member's Postal Address:**
Suburb: State: Post Code:
Phone Number: Mobile Number:

4. **Auxiliary Details:** Member joined Auxiliary on:
Has membership (minimum 10 years) been continuous:
Has member rendered 7 years outstanding service to the Auxiliary and the League?:

5. PARTICULARS OF SERVICES RENDERED: Give details of chronological sequence of office and position held (see paragraph 4) AUX / DISTRICT / STATE BRANCH

Years in Sequence		Actual dates preferred		
AUXILIARY	POSITION/APPOINTMENT	YEAR	To	YEAR

(If additional space is required for services rendered please submit on a separate sheet of paper.)

6. GENERAL ACTIVITIES: (Please enter supporting comments where applicable - TELL THE STORY)

- a. Welfare Work:
- b. Fundraising:
- c. Community Service:
- d. Other relevant remarks:

7. AUXILIARY PRESIDENT COMMENTS:

This recommendation was accepted at a meeting of the Auxiliary at:

on

My comments are :

This section may be completed by a member of the Board in the absence of the President or if there is a perceived Conflict of Interest.

Date:

Signature: _____

8. SUB-BRANCH PRESIDENT COMMENTS:

This recommendation was accepted at a meeting of the Sub-Branch at:

on

and the relevant service to the Auxiliary and the League data and accurate member's personal details have been entered into the MMS.

My comments are :

This section may be completed by a member of the Board in the absence of the President or if there is a perceived Conflict of Interest.

Date:

Signature: _____

9. DISTRICT PRESIDENT COMMENTS:

This recommendation was accepted at a meeting of the District Branch at:

on

My comments are :

This section may be completed by a member of the Board in the absence of the President or if there is a perceived Conflict of Interest.

Date:

Signature: _____

10. LEGISLATION AND AWARDS COMMITTEE RECOMMENDATION:

Recommended: ☐

Rejected: ☐

Comment:

Date:

Signature: _____

Print Form
Scan and upload into the MMS