

The Returned & Services League of Australia
(Queensland Branch)



NOMINATION FOR LIFE MEMBERSHIP

Instructions:

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

The information required below for the member's League details and service to 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 **Life Membership and Gold Badge**.

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

4. League Details:
League Badge Number:
Member joined League on:
Has membership (minimum 15years) been continuous:
Has member rendered 10 years outstanding service to the League?:

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

Years in Sequence		Actual dates preferred		
BRANCH	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. Wefare or Pensions Work:
- b. Fundraising:
- c. Community Service:
- d. Other relevant remarks:

7. SUB-BRANCH PRESIDENT COMMENTS:

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

on

and the relevant service to 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:

8. 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:

9. LEGISLATION AND AWARDS COMMITTEE OUTCOME:Recommended: ☐Rejected: ☐

Comment:

Date:

Signature:

Print Form**Scan and upload into the MMS**