



NOMINATION FOR RECOGNITION OF 5 YEARS MEMBERSHIP

ON BEHALF OF:
GIVEN NAME or PREFERRED SURNAME (PRINT CLEARLY)

BRANCH: REGION: DATE:

	YEAR	BRANCH MEETINGS HELD	NOMINEES ATTENDANCE
1			
2			
3			

	YEAR	BRANCH MEETINGS HELD	NOMINEES ATTENDANCE
4			
5			

TOTAL

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Attendance must be:

AT LEAST 4 BRANCH MEETINGS PER YEAR AND 3/5 OF TOTAL BRANCH MEETINGS OVER 5 YEARS
(The 5 years do not need to be consecutive or with one branch).

BRANCH COMMITTEE COMMENTS RE MEMBER'S SERVICE TO WAB (Use back if necessary)

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PLEASE FORWARD THIS FORM DIRECTLY TO THE AWARDS OFFICER

Email: janandtrev7@bigpond.com

BRANCH PRESIDENT: _____	VALIDATED BY AWARDS OFFICER
BRANCH SECRETARY: _____	NAME: _____ DATE: _____
	APPROVED BY REGIONAL COORDINATOR
DATE OF ANTICIPATED PRESENTATION: _____	NAME: _____ DATE: _____
	RATIFIED BY MANAGEMENT TEAM DATE: _____
	PRESIDENTS SIGNATURE: _____

The Certificate for this award will be presented at a Branch meeting.