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|  | **NOMINATION FOR RECOGNITION OF****20 YEARS MEMBERSHIP AWARD***(to be presented at a Regional Conference)* |
|  | *Given or Preferred name (for Certificate)* | *Surname* |
| Nominee: |  |  |
| Branch: | Region: | Date: |
|  |
| Attendance: AT LEAST 4 BRANCH MEETINGS PER YEAR AND 3/5 OF TOTAL BRANCH MEETINGS OVER 20 YEARS*(The 20 years do not need to be consecutive or with one branch).*  |

|  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **YEAR** | **NUMBER OF BRANCH MEETINGS HELD**  | **NOMINEE’S ATTENDANCE** |  | **YEAR** | **NUMBER OF BRANCH MEETINGS HELD**  | **NOMINEE’S ATTENDANCE** |  | **YEAR** | **NUMBER OF BRANCH MEETINGS HELD** | **NOMINEE’S ATTENDANCE** |
| 1 |   |   |   | 8 |   |   |   | 15 |  |  |  |
| 2 |   |   |   | 9 |   |   |   | 16 |  |  |  |
| 3 |  |  |  | 10 |  |  |  | 17 |  |  |  |
| 4 |  |  |  | 11 |  |  |  | 18 |  |  |  |
| 5 |  |  |  | 12 |  |  |  | 18 |  |  |  |
| 6 |   |   |   | 13 |  |  |  | 20 |  |  |  |
| 7 |  |  |  | 14 |  |  |  |  | **TOTAL** |  |  |

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| **BRANCH COMMITTEE COMMENTS RE MEMBER’S SERVICE TO WAB** TO BE READ OUT AT PRESENTATION *(Use back if necessary):* |
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|  |
| **PLEASE FORWARD THIS FORM DIRECTLY TO STATE PRESIDENT at least one month prior to planned presentation date below (scan and email to** **wabinsa@gmail.com** **or mail to PMB 50, Naracoorte SA 5271)** |

|  |  |  |
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| ***BRANCH PRESIDENT:*** |   | ***APPROVED BY REGIONAL COORDINATOR:*** |
| ***BRANCH SECRETARY:*** |  | NAME: | DATE:  |
| ***DATE OF ANTICIPATED PRESENTATION:*** |  |
| ***Name and address of Branch Secretary (for Certificate receipt)*** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | ***STATE PRESIDENT:*** |  |
|  |  | NAME: | DATE: |
|  |  | Membership database updated |  |
|  |  | Mailed to Branch Secretary/Nominated Contact: |  | Ver 2023 |