|  |  |
| --- | --- |
|  | **NOMINATION FOR RECOGNITION OF****50 YEARS MEMBERSHIP AWARD***(to be presented at Regional Conference)* |
|  | *Given or Preferred name (for Certificate)* | *Surname* |
| Nominee: |  |  |
| Branch: | Region: | Date: |
|  |
| Attendance: AT LEAST 4 BRANCH MEETINGS PER YEAR AND 50% OF TOTAL BRANCH MEETINGS OVER 50 YEARS*(The 50 years do not need to be consecutive or with one branch).*  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **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** |
| 41 |   |   |  | 45 |   |   |   | 49 |  |  |  |
| 42 |   |   |   | 46 |   |   |   | 50 |  |  |  |
| 43 |  |  |  | 47 |  |  |  |  | **TOTAL** |  |  |
| 44 |  |  |  | 48 |  |  |  | Date 40yr Awarded |  |
|  |
|  |

|  |
| --- |
| **BRANCH COMMITTEE COMMENTS RE MEMBER’S SERVICE TO WAB** TO BE READ OUT AT PRESENTATION *(Use back if necessary):* |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| **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)** |

|  |  |  |
| --- | --- | --- |
| ***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 |