|  |  |  |
| --- | --- | --- |
|  | **NOMINATION FOR RECOGNITION OF**  **60 YEARS MEMBERSHIP AWARD**  *(to be presented at State Conference)* | |
|  | *Given or Preferred name (for Certificate)* | *Surname* |
| Nominee: |  |  |
| Branch: | Region: | Date: |
|  | | |
| Attendance:  AT LEAST 4 BRANCH MEETINGS PER YEAR  *(The 60 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** |
| 51 |  |  |  | 55 |  |  |  | 59 |  |  |  |
| 52 |  |  |  | 56 |  |  |  | 60 |  |  |  |
| 53 |  |  |  | 57 |  |  |  |  | **TOTAL** |  |  |
| 54 |  |  |  | 58 |  |  |  | Date 50yr Awarded | | |  |
|  |
|  | | | | | | | | | | | |

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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**](mailto: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 |