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| --- | --- |
|  | **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).*  |

|  |  |  |  |  |  |  |  |  |  |  |  |
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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** |
| 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** **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 |