|  |  |
| --- | --- |
|  | **NOMINATION FOR RECOGNITION OF****70 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 70 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** |
| 61 |   |   |  | 65 |   |   |   | 69 |  |  |  |
| 62 |   |   |   | 66 |   |   |   | 70 |  |  |  |
| 63 |  |  |  | 67 |  |  |  |  | **TOTAL** |  |  |
| 64 |  |  |  | 68 |  |  |  | Date 60yr 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 |