

Nomination Form – Full Life Membership and Associate Life Membership

When nominating a member for either Full Life or Associate Life Membership to the Association, the following criteria **must** be confirmed:

The candidate:

- has been a continuous member of a Local AECG for ten (10) years or more;
- has been a Full *Active* Financial Member during this period of time;
- has demonstrated a commitment to the Association.

- This nomination form must be accompanied by no more than two (2) pages profiling how the candidate has met all of the above criteria.

*When profiling your candidate, it is important to make sure that: you **highlight** all the work **that** the candidate has undertaken as a member of the Association in a **voluntary** capacity, not work undertaken in a paid capacity.*

Nomination Form – Full Life Membership / Associate Life Membership
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Name of AECG:	Date of Meeting:
Name of Candidate:	Member of:
Please place a tick in the box re: the category of membership:	
Full Life Member: <input type="checkbox"/>	OR
	Associate Life Member <input type="checkbox"/>

Nominated by:		Signature:
Endorsed by:		Signature:
Endorsed by:		Signature:

This nomination form should be signed by the President from where the nomination has taken place e.g. Local AECG/Regional AECG/Association (State) level. However, if the President is being nominated, then the Vice-President should sign the nomination form.	
President::	Signature:
Vice-President:	Signature

This nomination form and the candidate’s profile **must** be lodged with the Secretary of the Association Management Committee by **close of business on 31 December** prior to the Association AGM at which the Life Membership is to be awarded.