

LIFE MEMBERSHIP APPLICATION GUIDE

United Hospital Auxiliaries of NSW Inc.

Branch Name				
Branch Region				
Contact Name & Position				
Contact Phone				
Contact Email address				
NOMINATION CRITERIA				
Name of Nominee				
Address of Nominee				
	Post code	Contact No:		
Other branches where Nominee has served		No. of Years:		

DETAILS OF SERVICE OF THI	E NOMINATED PERSON (The Information below will be voted on)	
Number of years' service to Branch	Other Branches:	
Nominee is a current Member		
Executive Positions Held (if any)		
Fundraising input and involvement		
Organisational Skills and application		
Promotion of Branch in the Community		
Leadership skills		
Mentoring of new and existing members		
Other information		
PLEASE NOTE:		
 A nominated member must have given 15 years continuous outstanding service. Please turn over the page and write your Citation for this Nominee or add additional pages. The information provided on these 2 pages will be used for the purpose of evaluation of the award. The Branch will not be contacted for further information on this nomination, therefore please ensure you convey, on this form, full details of the Nominee's commitment to UHA. 		

NOMINATIONS CLOSE: 31st May 2024			
Also Refer to Policy Nos: 2011/03 and 2011/04			
(Signed by Branch Executive)	Name & Title (President, Secretary, Treasurer)		

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LIFE MEMBERSHIP CITATION United Hospital Auxiliaries of NSW Inc.			
(Please DO NOT include names or Branches in this section below)			
(The Information below will be voted on - so please add as much as you can to ensure your application is successful)			
IF MORE SPACE IS REQUIRED PLEASE ATTACH EXTRA PAGES			
IF MORE SPACE IS REQUIRED PLEASE AT FACH EATRA PAGES			