



LIFE MEMBERSHIP APPLICATION GUIDE

United Hospital Auxiliaries of NSW Inc.

Branch Name	
Branch Region	
Contact Name & Position	
Contact Phone	
Contact Email address	

NOMINATION CRITERIA

<i>Name of Nominee</i>		
<i>Address of Nominee</i>		
	Post code	Contact No:
<i>Other branches where Nominee has served</i>		No. of Years:



DETAILS OF SERVICE OF THE NOMINATED PERSON (The Information below will be voted on)

<i>Number of years' service to Branch</i>		Other Branches:
<i>Nominee is a current Member</i>		
<i>Executive Positions Held (if any)</i>		
<i>Fundraising input and involvement</i>		
<i>Organisational Skills and application</i>		
<i>Promotion of Branch in the Community</i>		
<i>Leadership skills</i>		
<i>Mentoring of new and existing members</i>		
<i>Other information</i>		

PLEASE NOTE:

- ① A nominated member must have given 15 years continuous outstanding service.
- ② Please turn over the page and write your Citation for this Nominee or add additional pages.
- ③ The information provided on these 2 pages will be used for the purpose of evaluation of the award.
- ④ 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.

