



ATHELSTONE FOOTBALL CLUB

**LIFE MEMBERSHIP
NOMINATION**

Name of person being nominated ("Nominee")
1. List the services and roles undertaken by the "Nominee" including dates if know
2. Providing any other relevant information to support your nomination
Name of person making the nomination.
Nominators preferred contact details.

Use additional paper if required

Office use only

Nomination received (Secretary)	Nomination reviewed (Sub-Committee)	Outcome	Management Committee Ratification	Date Awarded
		Accepted / Rejected	Accepted / Rejected	