**Life Membership Nomination Form**

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Please complete this form in conjunction with reading the Life Membership process details, and email to **info@vsa.org.nz**.

**Date**:

|  |  |  |
| --- | --- | --- |
| **Name of** | **Address** | **Phone, email address** |
| **Nominee:** |  |  |
| **Nominator:** |  |  |
| **Seconder:** |  |  |

Brief explanation of how the nominee meets one or more of the Life Membership criteria:

|  |  |
| --- | --- |
| **Criteria:** | **Brief explanation:** |
| Loyal and lengthy involvement and membership of VSA. |  |
| Made a significant and outstanding contribution to VSA. |  |
| Active participation and commitment to improving VSA and its work. |  |
| Consistently upheld VSA values. |  |
| Held a number of roles in VSA (quote years). |  |
| Other relevant and exceptional criteria. |  |