

**Life Membership Nomination Form**

**Nominee Details**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

**Nominator Details**

Full Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

**Secunder Details**

Full Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

**Nomination criteria to be eligible for Life Membership:**

The nominee must have made a significant and sustained contribution to the Esperance Speedway Association.

Please provide details below outlining their service and achievements.

1. Years of Service to the Club: \_\_\_\_\_

2. Roles Held and Contributions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How has the nominee demonstrated dedication and commitment to the Esperance Speedway Association?:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[illegible]

By signing below, the Nominator and Secunder confirm that the information provided is accurate and that the nominee meets the criteria for Life Membership.

Seconder Signature: \_\_\_\_\_ Date: \_\_\_\_\_