



NOMINATION FOR HONORARY MEMBERSHIP

Nominee's full name (please print or type: _____

Full Address: _____

Telephone: _____ Postal Code _____

E-mail address: _____

Previous Commonwealth Awards

Year Awarded

Honorary Membership level now proposed: _____

Date of submission: _____

CITATION

Please give brief details of nominee's volunteer history with the Lifesaving Society.

Continue of separate sheet if necessary

DEADLINE FOR NOMINATION : May 1st

<i>Office use only</i>		
Date received: _____		
Accepted	Yes	No
Comments: _____		
