**2024 AGM**

# Life Membership Nomination Form

**The Management Committee,**

**North Queensland Touch Association** **Incorporated,**

**Sports House – Office 5a**

**3 Redpath Street**

**North Ward**

**Townsville QLD 4810**

|  |  |
| --- | --- |
| We the undersigned, hereby propose and second |  |
|  | (Name of person being proposed) |
| for LIFE MEMBERSHIP of the North Queensland Touch Association Incorporated. Information supporting this nomination is as follows: | |
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|  | |

*Please attach an additional page, if required*

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Proposer |  | | |
| Address of Proposer |  | | |
| Signature of Proposer |  | Date |  |
| Name of Seconder |  | | |
| Address of Seconder |  | | |
| Signature of Seconder |  | Date |  |

**NOMINATIONS FOR LIFE MEMBERSHIP ARE CONSIDERED ONCE EACH YEAR AT THE AGM.**

**ALL NOMINATIONS MUST BE RECEIVED BY THE OPERATIONS MANAGER BY**

***Friday 23rd February 2024***