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| --- | --- |
|  | **2020****LIFE MEMBERSHIP****APPLICATION**  |

Name of Nominee:

Email address:

Organisation:

Positions held plus year(s)

Supporting Statement/Citations

(Additional space may be required)

Moved by: Email:

Seconded by: Email:

Date:

**Return to** **admin@a4le.org.au** **by Monday2 November 2020 COB**