

# ASNA Life Membership Nomination Form

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## OFFICIAL NOMINATION FORM FOR ASNA LIFE MEMBERSHIP

### WHO ARE YOU NOMINATING?

<b>Title:</b>			
<b>Given Name:</b>			
<b>Surname:</b>			
<b>Nominee's Address:</b>			
	<b>Post Code:</b>		
<b>Nominee's Telephone:</b>	<b>H</b>	<b>W</b>	<b>M</b>
<b>Nominee's Email:</b>			

### WHY IS THE NOMINEE WORTHY OF THIS AWARD?

Please refer to the nomination information sheet / guidelines and outline how the nominee has met the award criteria; clearly stating the basis for nomination. Indicate the various levels of achievements for each area and provide as much detail as possible to support your statements. Each answer should contain a minimum of 100 words and/or dot points.

### Time spent as a member of the Executive Committee (must be at least three terms):

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### Membership of organising committees for special events:

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**Time spent as a registered association umpire:**

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**ASNA representation to Netball NT Council:**

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**ASNA representation to Alice Springs Town Council and other local committees:**

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**ASNA representation of Netball NT Championships as a coach, manager, umpire or player:**

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**Selector of ASNA representative teams:**

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**Any other volunteer work considered appropriate:**

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## NOMINATOR DETAILS

I, current member of Alice Springs Netball Association, declare that the information in this form is true to the best of my knowledge and propose the nominee be considered for ASNA Life Membership.

Nominator's Name:			
Address:			
	Post Code:		
Telephone:	H	W	M
Email Address:			
Club Represented:			

Nominator's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return all forms to:

Alice Springs Netball Association  
PO Box 2479, Alice Springs NT 0871  
Or e-mail [netball@alicespringsnetball.com.au](mailto:netball@alicespringsnetball.com.au)