

**NOMINATION FOR LIFE MEMBERSHIP**

**DETAILS OF NOMINEE:-**

NAME: .....

ADDRESS: .....

PHONE: HOME: ..... WORK: .....

FAX:.....

DISTRICT

ASSOCIATION:.....

**DETAILS OF NOMINOR:**

NAME: .....

ADDRESS; .....

PHONE: HOME: ..... WORK: .....

FAX:.....

SIGNATURE:..... DATE:.....

**DETAILS OF SECONDER:**

NAME: .....

ADDRESS: .....

POSITION WITHIN DISTRICT ASSOCIATION:

.....

PHONE: HOME: ..... WORK:.....

FAX:.....

SIGNATURE: ..... DATE: .....

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N.B. This form is to be used for a Life Membership nomination only. Nominations must be received 8 weeks prior to the Annual General Meeting, and must be accompanied by a **Personal Profile Form**. Please return this form to:

THE SECRETARY  
CABOOLTURE SPORTS SOFTBALL ASSOCIATION  
PO BOX 1766, CABOOLTURE Q 4510

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# PERSONAL PROFILE

(LIFE MEMBERSHIP)

SURNAME:

.....

GIVEN NAMES:

.....

RESIDENTIAL ADDRESS:

.....

POSTAL ADDRESS:

.....

PHONE:

HOME:

.....

BUSINESS:

.....

FACSIMILE:

.....

DATE OF BIRTH:

.....

MAIDEN NAME:

.....

(where applicable)

OCCUPATION:

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DISTRICT ASSOCIATION:

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SERVICE TO CABOOLTURE SPORTS SOFTBALL ASSOCIATION:

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