

**Brisbane State High School P&C Association  
Honorary Life Membership Award  
Nomination Form**

**Who are you nominating?**

**Name** \_\_\_\_\_ (please \_\_\_\_\_ print):

**Contact Details:**

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Years of Membership:** \_\_\_\_\_ years

**Positions Held:**

\_\_\_\_\_  
\_\_\_\_\_

**Why are you nominating this person?**

*Please briefly explain why the nominee should be considered for life membership by addressing the nomination criteria contained in the Honorary Life Membership Policy. If there is insufficient space below, attach an additional page.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Nominator Details**

*By signing below, you are declaring that the information provided in this form is true to the best of your knowledge and propose the nominee be considered for the Brisbane State High School Parents and Citizens Association Honorary Life Membership Award.*

**Name** (please print): \_\_\_\_\_

**Contact Details:**

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Secunder Details**

*By signing below, you are declaring that the information provided in this form is true to the best of your knowledge and propose the nominee be considered for the Brisbane State High School Parents and Citizens Association Honorary Life Membership Award.*

**Name** (please print): \_\_\_\_\_

**Contact Details:**

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_