



Confidential

Life Member Application Form

Conference/Activity Details

Name of Conference/Activity: _____ Location: _____

Date joined Conference: _____

Date Retired from Active Conference Service: _____

Personal Details

Title: _____ First Name: _____ Surname: _____

Male/Female/Other: _____ Date of Birth: _____

Address: _____

Postcode: _____

Phone (Home/Work): _____ Mobile: _____

Fax: _____ Email: _____

Reason for Application (Outline member's involvement in Society and reasons for this entitlement):



Approved by Conference/Council

(I confirm the Conference/Central Council supports the member's nomination for transition to a Life Member)

Conference /Council President's Name: _____

Conference/Council President's Signature: _____ Date: _____

Approved by State Council

State President' Signature: _____ Date: _____

Note

- As a guide, a minimum period of 20 years conference/activity service is required for Life Membership to be granted. State Council will consider applications where this period of service has not been achieved if the member has made a significant contribution to the Society through their conference/activity service.