



Confidential

Lifetime Membership Award 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: _____

Gender: _____ 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 Lifetime 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 Lifetime 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 though their conference/activity service.
- Please send a copy of this nomination to Service.Badges@vinnies.org.au for State Council Approval.