

## **LIFE MEMBERSHIP of GYMSPORTS NEW ZEALAND**

### **APPLICATION FORM**

Life membership may be granted to individuals who are members of GymSports NZ in recognition and appreciation of selfless, distinguished and/or innovative service to GymSports NZ for the benefit of gym sports in New Zealand.

**1. Full name of member organisation completing the form:**

\_\_\_\_\_

(Use your legal name, that is, the name under which the organisation is incorporated)

**2. Your organisation's address details:**

\_\_\_\_\_

Postal Address

\_\_\_\_\_

Street Address	Suburb	City/Town	Postcode
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\_\_\_\_\_

Daytime Phone Number	Email Address
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\_\_\_\_\_

Website

**3. Person nominating potential Life Member:**

This is the person who completes the application form. We will call them if there are any questions regarding the application.

\_\_\_\_\_

Name

\_\_\_\_\_

Position/Title

\_\_\_\_\_

Personal Address	Suburb	City/Town	Postcode
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Daytime Phone Number	Alternative Phone Number	Email Address
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**4. First Referee:**

This person is nominated as the first referee for the nominee. This person should have a good knowledge of the work the nominated person has achieved over their time involved with gym sports.

\_\_\_\_\_

Name

\_\_\_\_\_

Position/Title

\_\_\_\_\_

Personal Address	Suburb	City/Town	Postcode
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Daytime Phone Number	Alternative Phone Number	Email Address
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**5. Second Referee:**

This person is nominated as the second referee for the nominee. This person should have a good knowledge of the work the nominated person has achieved over their time involved with gym sports.

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Name

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Position/Title

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Personal Address

Suburb

City/Town

Postcode

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Daytime Phone Number

Alternative Phone Number

Email Address

**6. Person being nominated for Life Membership:**

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Name

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Current Position/Title (if relevant)

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Personal Address

Suburb

City/Town

Postcode

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Daytime Phone Number

Alternative Phone Number

Email Address

**7. The Club or organisation that the person nominated is a member of or has been a member of:**

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Club/Organisation Name

**8. Gymsports positions held with national impact. Please detail each role and the length of time in the position:**

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Position

Length of service

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Position

Length of service

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Position

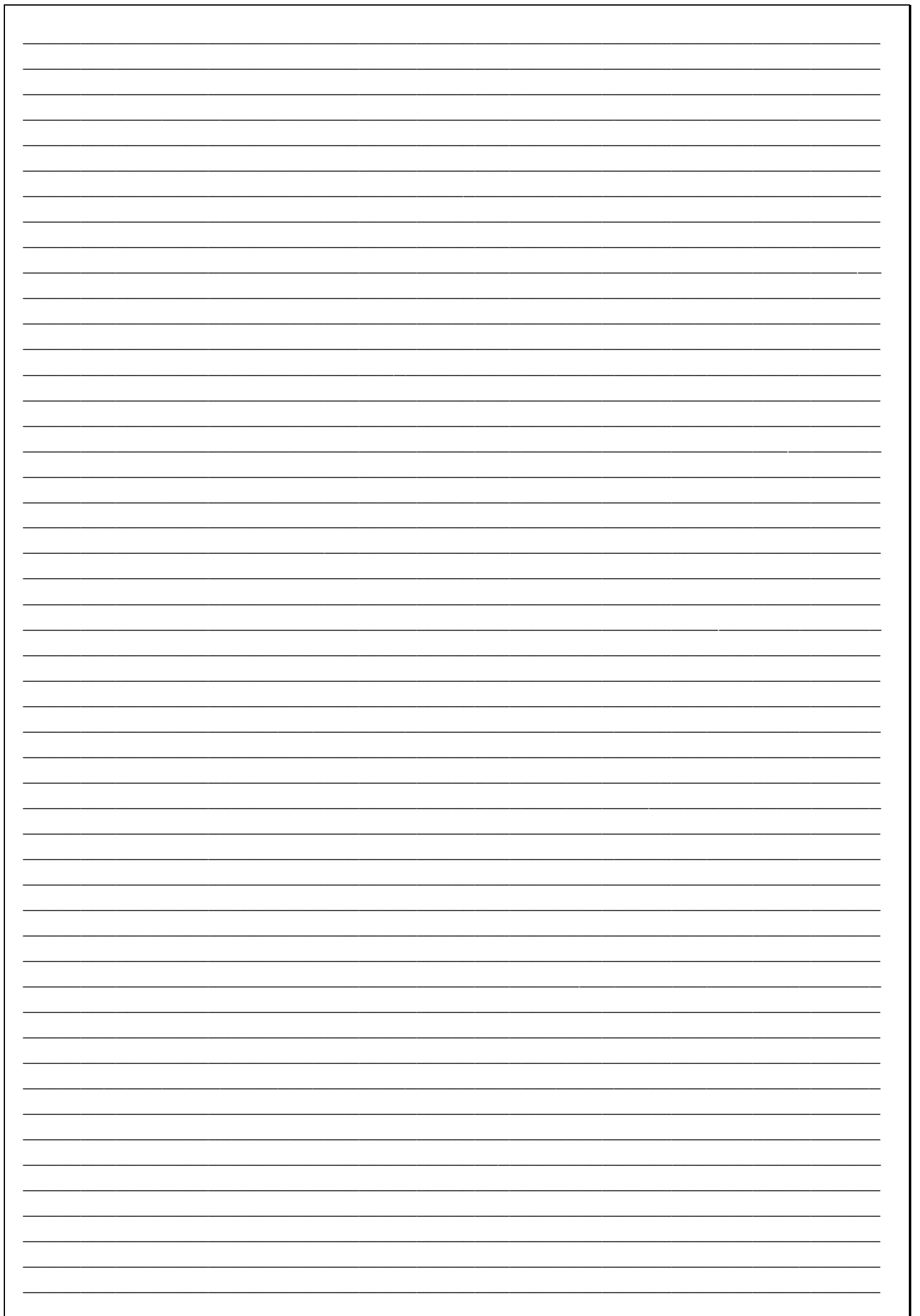
Length of service

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Position

Length of service





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***I declare that the information provided in this application is true and correct to the best of my knowledge and that I have the authority to make this application on behalf of our Club/organisation:***

Signature \_\_\_\_\_ Date / /  
(Full name)

**CHECKLIST: IS YOUR APPLICATION COMPLETE?**

Please check this list to ensure you've attached all the information we need and have correctly completed the form

- Have you attached a copy of the Nominees Curriculum Vitae?
- Have you signed the Nomination form? (See page 5)
- Have you kept a photocopy of the application for your records?

**If you've ticked all the above, you're done!**

Make sure you take a copy of this document and all other attached documents for your files, and then send the completed form with all attachments directly to:

**Chief Executive Officer  
GymSports New Zealand  
PO Box 9485  
Newmarket  
Auckland 1149**

