

**LIFE MEMBERSHIP OF GYMSPORTS NEW ZEALAND
INCORPORATED, TRADING AS GYMNASTICS NEW ZEALAND**
APPLICATION FORM



Life membership may be granted to individuals who are members of Gymnastics NZ in recognition and appreciation of selfless, distinguished and/or innovative service to Gymnastics NZ for the benefit of gym sports in New Zealand. All nominations must be submitted to the National Office for the attention of the CEO by **5:00pm Monday 11th April 2022**.

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

Daytime Phone Number

Email Address

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

Daytime Phone Number

Alternative Phone Number

Email Address

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 gymsports.

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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6. Person being nominated for Life Membership:

Name

Current Position/Title (if relevant)

Personal Address	Suburb	City/Town	Postcode
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Daytime Phone Number	Alternative Phone Number	Email Address
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7. The Club or organisation that the person nominated is a member of or has been a member of:

Club/Organisation Name

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

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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Life Membership may be given by Members of Gymnastics NZ in recognition and appreciation of selfless, distinguished and/or innovative service to Gymnastics NZ for the benefit of gymsports in New Zealand.

- 9. Describe the selfless, distinguished and/or innovative service to Gymnastics NZ for the benefit of gymsports in New Zealand that the nominee has done. Please use separate pages if required.**

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 (full name) _____ Date / /

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?
- Have you kept a photocopy of the application for your records?

Please 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
Gymnastics New Zealand
office@gymnasticsnz.com
PO Box 948
Newmarket
Auckland 1149