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|                      |                          |               |
|----------------------|--------------------------|---------------|
| Daytime Phone Number | Alternative Phone Number | Email Address |
|----------------------|--------------------------|---------------|

**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.

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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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|          |                   |
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| Position | Length of service |
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|          |                   |
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| Position | Length of service |
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|          |                   |
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| Position | Length of service |
|----------|-------------------|

**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:

**Gymnastics New Zealand**  
[office@gymnasticsnz.com](mailto:office@gymnasticsnz.com)  
**PO Box 948**  
**Newmarket**  
**Auckland 1149**