**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 Tuesday 7th May 2024**.

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

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

1. **Your organisation’s address details:**

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Postal Address

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Street Address Suburb City/Town Postcode

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Daytime Phone Number Email Address

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Website

1. **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.

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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

1. **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 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

1. **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

1. **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

1. **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

1. **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

**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.**

1. **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**

**PO Box 948**

**Newmarket**

**Auckland 1149**