

LIFE MEMBER NOMINATION FORM

Purpose

Life Membership is the highest honour that Eltham Rugby Union Football Club Inc. can bestow on a member. It recognises **outstanding and sustained service**, commitment, and contribution to the Club, on or off the field.

Nomination Criteria

To be considered for Life Membership, nominees should have:

Provided **outstanding and sustained service** to Eltham Rugby Union Football Club over a significant period (generally **10 years or more**);

Demonstrated the **values of the Club** — *Integrity, Passion, Solidarity, Discipline, and Respect*:

Made a **substantial contribution** to the success and development of the Club through volunteerism, leadership, playing, coaching, or administrative service; and

Been a **positive ambassador** for the Club both within and outside the rugby community.

Meeting these criteria does not guarantee Life Membership; all nominations are reviewed by the Management Committee and, if supported, submitted to the membership for approval at the Annual General Meeting.

Submission Instructions

Please submit this completed form to the **Club Secretary** by email to: **secretary@eltham.rugby**

Nominations must be received **no later than 30 days before the Annual General Meeting** to allow review by the Committee.

Nominee Details	
Full Name:	=
Address:	
Phone:	
Email:	
Years of Club Involvement:	
Membership Type (if applicable):	
☐ Player ☐ Volunteer ☐ Committee ☐ Coach ☐ Suppo	orter



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Summary of Contribution

Please provide a brief overview of the nominee's contribution to the Club (attach additional pages if required):

Supporting Information

(You may attach letters of support, photographs, awards, or othe	r documents
demonstrating the nominee's service and contribution.)	

- ☐ Supporting documents attached
- ☐ None attached



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Nominator Details
Full Name:
Phone:
Email:
Relationship to Nominee:
I, the undersigned, being a financial member of Eltham Rugby Union Football
Club Inc., hereby nominate the above person for consideration as a Life
Member of the Club.
Signature of Nominator:
Date:
Seconder Details
Full Name:
Signature of Seconder:
Date:
Declaration
I confirm that the information provided is true and correct to the best of my
knowledge.
I understand that this nomination will be considered by the Management Committee and, if supported, will be presented to members at the next Annual
General Meeting for endorsement in accordance with the Club Constitution.
Nominator Signature:
Date: