



# LIFE MEMBERSHIP NOMINATION FORM

Any member of The League may submit to the Board in writing, before 31 July, a proposal for Life Membership to a member who has given long and continued service to The League.

## CRITERIA

1. Any player who has played more than 200 games for The League is to be considered for Life Membership.
2. Any non-playing member of The League may also be considered for Life Membership, after having served 10 consecutive years of continued and diligent service to The League.
3. Clubs cannot propose more than two (2) people for consideration for Life Membership in any year. This does not include those persons addressed in criteria no.1.

I have read the criteria and believe this nomination complies with all the given criteria. As such, I would The League to accept this nomination and consider the person nominated for Life Membership.

Name: .....

Club/League Position: .....

Signature: .....

## NOMINATION

I wish to nominate ..... for Life Membership to the Adelaide Footy Womens League in Season ..... (year).

Please provide as much information about the nominee as possible and attach supporting documentation if required.

Highlight the nominee's roles and responsibilities and official positions the nominee has been involved in over the past decade:

- .....
- .....
- .....
- .....
- .....

Outline the skills and attributes they have brought to your Club, The LeagueL and Women's Football in South Australia.

- .....
- .....
- .....



# LIFE MEMBERSHIP NOMINATION FORM

Name any awards and the year that they were received by the nominee:

- .....
- .....
- .....

Number of games the nominee has played and at which Clubs:

- .....
- .....
- .....

Number of years' service they have given and at what Club/Leagues:

- .....
- .....
- .....

Please return this nomination form by 31 July of any year via:

**Post:** Adelaide Footy Womens  
 1a Meyer Street  
 TORRENSVILLE SA 5031

OR

**Email:** [femalefootball@adelaidefooty.com.au](mailto:femalefootball@adelaidefooty.com.au)

## OFFICE USE ONLY

Date Received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Further Documentation Required:            Yes            No

If Yes, Details: \_\_\_\_\_

Date Approved: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_