



2024
LIFE MEMBER NOMINATION FORM

NOMINEE DETAILS

First Name: _____ **Surname:** _____

10 Year Merit Award Awarded: / / **Swans Years of Service:** _____

Swans Games Played (if applicable): _____ **Swans membership Number:** _____

Swans Awards (if applicable):

Positions(s)/Role(s) held at the club:

Written support of nomination:

(Please attached any additional pages or references as required to this nomination)



Details of the Person(s) making the Nomination

At least two Swans members are required for each nomination. These individuals must have first-hand knowledge of the contributions of the person being nominated.

First Nominator's Name:

Address:

Postcode: _____ **Telephone:** _____ **Swans Membership No:** _____

I understand that the Life Membership Selection Committee's recommendations and the Board's endorsement or otherwise is final and I agree to this and all other terms and conditions as outlined in the Life Membership Selection Criteria.

First Nominator's Signature: _____ **Date:** / /

Second Nominator's Name:

Address:

Postcode: _____ **Telephone:** _____ **Swans Membership No:** _____

I understand that the Life Membership Selection Committee's recommendations and the Board's endorsement or otherwise is final and I agree to this and all other terms and conditions as outlined in the Life Membership Selection Criteria.

Second Nominator's Signature: _____ **Date:** / /

Criteria

1. Player who achieves 150 league games or a combination of minimum 120 league games and remainder reserves games to accumulate 150 games.
2. Person who the Board believes has rendered outstanding or exceptional service to the Club.

Please submit your nominations before **COB Friday 30th August 2024** to CEO, Jeff Dennis at jeff@swandistrictsfc.com