

2025

10 YEAR MERIT AWARD NOMINATION FORM

NOMINEE DETAILS

First Name:	Last Name:
Years of Service:	Swans Membership Number:
Position(s)/ Role(s) held at the cl	ub:
Reasons for Nominating the abo	ve:
(Please provide a brief overview o	n what makes them receive this award)
Nominator's Details:	
Name:	Position:
Phone Number:	E-Mail: