



**Australian Capital Territory
Badminton Association Incorporated**
ABN 5143 6937 463
www.badmintonact.asn.au

LIFE MEMBERSHIP NOMINATION FORM

I wish to nominate.....

for the Life Member of the ACT Badminton Association.

Reasons for Nomination:

.....

.....

Nominated by:

(Name - Please Print)

(Signature)

Seconded by:

(Name - Please Print)

(Signature)

I agree to be nominated for the above position

Name:

(Name - Please Print)

(Signature)

Date:

Affiliated to Badminton Australia, ACTSport

PO Box 477, Belconnen, ACT 2616

email: president@badmintonact.asn.au