Southern Districts Tennis Association Inc.

Life Membership Nomination Form



I, Family Name:	Given Name:		
A member of Southern Distric	ts Tennis Association Inc. wish to	o nominate:	
Nominee Family Name:	Nominee Give	ven Name:	
For Life Membership of South	ern Districts Tennis Association e	effective from the next Annual Meeting	g of the
Association.			
Signature:		. Date / /	
Family Name:	Given Name:		
A member of Southern Distric	ts Tennis Association Inc. second	d this nomination:	
Signature:		. Date / /	
I have read the criteria and be contribution to the Associatio	•	s with the criteria and has made a merit	orious
To help in considering the non tennis, under the following he	_	escribes how the nominee has benefitte	ed the sport of
Positions held:			
Position	Start Month/Year	End Month/Year	

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Detail the ways in which the nominee has made a significant contribution to the management of the organisation of SDTA over an extensive period of time in an administrative capacity
Detail the ways in which the nominee has made a significant contribution to SDTA over an extensive period of time in any other way

Nominations to be submitted to the Secretary of the Association either in person or by post to PO BOX $_{479}$ Campbelltown NSW $_{2560}$