

**Australasian Quaternary Association Life Membership Nomination Form**

NAME OF NOMINEE:……………………………………….…….

PROFESSIONAL ADDRESS OF NOMINEE:

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OUTLINE THE ACCOMPLISHMENTS OF THE NOMINEE WHICH DEMONSTRATE THEY FULFILL THE CRITERIA TO BE AWARDED LIFE MEMBERSHIP (attach additional page if more space required).

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NAME OF NOMINATOR………………………………..…..SIGNATURE……………………………… DATE…………….

Email this form to the AQUA Exec Committee at [committee@aqua.org.au](mailto:committee@aqua.org.au)

**Office Use Only:**

APPLICATION RECEIVED BY AQUA COMMITTEE: APPROVED / NOT APPROVED

Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Signed……………………………………….. Date…………….

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