

**OCEAN BEACH SLSC DISTINGUISHED SERVICE
NOMINATION FORM**

NOMINEE DETAILS	
NAME	
HONOUR	DISTINGUISHED SERVICE
DATE OF BIRTH	
ADDRESS	
PHONE	
EMAIL	
YEAR JOINED	
YEARS OF OBSLSC SERVICE	
YEARS OF ABSENCE	

NOMINEE'S SURF LIFESAVING AWARDS (Surf Guard Report can be attached to the nomination)					
SLSA Award		Award Number		Date	
SLSA Award		Award Number		Date	
SLSA Award		Award Number		Date	
SLSA Award		Award Number		Date	
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SLSA Award		Award Number		Date	
SLSA Award		Award Number		Date	

How are these achievements distinguished / significant / sustained? *(separate sheet to be added if insufficient room)*

Any other supporting documentation and or information to support nomination? *(separate sheet to be added if insufficient room)*

NOMINATING PERSON DETAILS	
NAME	
ADDRESS	
PHONE	
EMAIL	
SIGNATURE & DATE	

SECONDING PERSON DETAILS	
NAME	
ADDRESS	
PHONE	
EMAIL	
SIGNATURE & DATE	

HONOURS COMMITTEE RECOMMENDATION	
AFFIRMATIVE/NEGATIVE	
MOTION	That be nominated for Distinguished Service of Ocean Beach SLSC

CHAIR (NAME)	
SIGNATURE & DATE	
COMMITTEE (NAME)	
SIGNATURE & DATE	
COMMITTEE (NAME)	
SIGNATURE & DATE	
COMMITTEE (NAME)	
SIGNATURE & DATE	
COMMITTEE (NAME)	
SIGNATURE & DATE	

HONOURS COMMITTEE RECOMMENDATION SUMMARY

[Empty box for Honours Committee Recommendation Summary]

OFFICE USE ONLY

NOMINATING PERSON ADVISED	(Date and Method) (Signature)
SECONDING PERSON ADVISED	(Date and Method) (Signature)
ADDED TO AGM AGENDA	(Date and Method) (Signature)
RESULT OF VOTE AT AGM	AFFIRMITIVE / NEGATIVE (please delete which is not applicable)
PRESIDENT VERIFICATION	(Date and Method) (Signature)