

## **RSL NSW AUXILIARY LIFE MEMBERSHIP – INFORMATION AND PROCEDURES**

#### 1. Qualification for the Award

In considering the submission of a recommendation for the Award of RSLNSW Auxiliary Life Membership, the following points should be taken into consideration by the proposer.

- (a) The award of Life Membership is an exceptional honour for RSLNSW members. Accordingly, all recommendations should be thoroughly considered prior to submission.
- (b) Nominees for this award must be current members of an RSLNSW Auxiliary.
- (c) The nominee must have:
  - (i) A minimum of fifteen (15) years continuous honorary service as an Auxiliary member, and
  - (ii) Given at least 10 years <u>outstanding</u> service during membership in (i) above.
    ('Outstanding service' is service that is over and above what is considered 'normal' for the positions held. <u>Long service</u> is not automatically outstanding service.)
- (d) To be considered for this award:
  - Service must be associated with RSLNSW work and RSLNSW Charities only. (In country areas, service for some accepted ESOs or associated charities may be considered.)
  - (ii) Service for a registered Club (including RSL Clubs), local schools, churches, Scouts/Guides, Surf Clubs etc., is not acceptable.
  - (iii) Service as a Patron or paid Auditor is not acceptable.
- (e) An Auxiliary member cannot nominate themselves.

### 2. <u>Application Form</u>

- (a) All parts of the application form must be answered. **Incomplete forms will be returned**.
- (b) Please ensure that all parts of the application are legible. Names must be printed with signatures
- (c) Where possible, supporting documentation should be attached as per Section 10 of the form.
- (d) The completed form should be forwarded to the RSLNSW Auxiliaries State Co-Ordinator for Comment, and for forwarding to the RSLNSW State Secretary.



# **APPLICATION FORM**

# **RSL NSW AUXILIARIES – LIFE MEMBERSHIP AWARD**

1.	The Sub Branch recommends
2.	Mr/Mrs/Miss/Ms(post- nominals)
	(first names) (preferred name)
	For the award of RSL NSW Auxiliary Life Membership.
3.	Date of birth//
4.	Members full postal address
	Post Code
5.	Date joined Auxiliary
6.	Has the member served at least fifteen (15) years <b>continuous honorary service</b> as an Auxiliary member? (Yes/No)
7.	Has the member given at least 10 years <u>outstanding</u> service during membership in <b>6.</b> above?
	(Yes/No)
8.	Has the nominee been awarded a Certificate of Appreciation? (Yes/No)
	If 'Yes' give the date/ (If 'No', please consider if that award would be more appropriate.)
9.	<u>Particulars of Service</u> Give details, including date, month and year, in chronological sequence.
	Dates Office or positions held
	From// to/_/
	From/ to/ [



//to/_/	
//to/_/	
//to/_/	
/ to//	

#### 10. General Activities

Please answer all questions with specific examples and as much detail as possible. Where available, please attach supporting documentation which may include mentions in sub Branch minutes, programmes, newsletters, newspaper articles, photos etc.

(a) General Fundraising (Raffles, stalls, luncheons, functions etc.)

## (b) ANZAC Day and Poppy Day Badge and merchandise sales

(c) Community RSL projects (selected ESOs/Charities – Country areas only)



### (d) Assist sub Branch

Sub- Branch President (Print Name)		
Sub- Branch President (Print Name) Signature		
	Date	

### 11. CITATION IN SUPPORT OF NOMINATION

General summary of claims made in Section 10 and of nominee's actions, character, accomplishments, and value to the Auxiliary and parent sub Branch. Extra pages may be attached if insufficient space.





_		
-		
-		
-		
-		
_		
_		
-		
ę	Sub Branch Auxiliary Co-Ordinator (Print Name)	
ę	Signature	
[	Date	
12. \$	State Co-Ordinator's Comments	
(	(a) This application was received by me on//	
(	(b) Comments	
-		
-		
_		
-		
-		
-		
_		
5	State Co-Ordinator (Print Name)	
c	Signature	
	Signature Date	