



BRISBANE METROPOLITAN TOUCH ASSOCIATION

LIFE MEMBERSHIP NOMINATION FORM

Any member of the association may submit this form by emailing it to manager@bmta.com.au, before 7 May 2024, to propose a member for Life Membership based on their long and continued service to The Association.

(Note: If you would like to complete this form digitally, please email manager@bmta.com.au for a editable document.)

CRITERIA

To be eligible for life membership of Brisbane Metropolitan Touch Association, the person nominated must:

- be an affiliated member of the association
- be nominated by a team/club or the Executive
- have been a member of the association for a minimum of 10 years
- has provided outstanding service to the sport in playing, coaching, administration or general volunteering support over a period of at least 10 years
- The member has provided a positive and lasting influence on touch football and the BMTA community
- BMTA is a significantly better organisation because of the members contributions

I have read the criteria and believe this nomination complies with all the given criteria. As such, I would like The Association to accept this nomination and consider the person nominated for Life Membership.

Name:

Club/Team Position:

Signature:



NOMINATION

I wish to nominate for Life Membership to the Brisbane Metropolitan Touch Association in 2024.

Please provide as much information about the nominee as possible and attach supporting documentation if required.

Highlight the nominee’s roles and responsibilities and official positions the nominee has been involved in over the past decade:

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Outline the skills and attributes they have brought to your Club/team, The Association and Touch Football in general.

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Name any awards and the year that they were received by the nominee:

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Number of years’ service they have given and at what Club/team:

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Please return this nomination form by **7 May 2024** by email tomanager@bmta.com.au

OFFICE USE ONLY

Date Received: ____/____/____

Further Documentation Required: Yes / No

If Yes, Details: _____

Date Approved: ____/____/____

Name: _____

Position: _____

Signature: _____