

Macedonian Community of W.A. Inc.

NOMINATION FOR HONORARY MEMBER

(must be submitted by 1 September)

Name of Person Nominated: _____

Membership Number (if applicable): _____

Date Joined / Years as a Member (if applicable): _____

Macedonian Origin: Yes / No Details of Origin: _____

Outline of Nominee's Performance of Distinctive Duties for the Welfare of the Community

(use separate sheet if insufficient space)

Special Merits *(use separate sheet if insufficient space)*

Nominated by:

Name _____ Member No. _____ Date _____

Signature: _____

Seconded by:

Name _____ Member No. _____ Date _____

Signature: _____

Date Nomination Received by Management Committee: _____

Result: _____