

Nomination for Life Membership Form

Details of person being nominated:

Name

Business Name

Address

..... **State** **Postcode**

Mobile phone # **email:**

Membership Number **How long has nominee been a member of STA?**

Total years of service to the industry?:

What section/s of the industry has the nominee been involved in:

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Industry Accomplishments:

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General Comments (why do you feel this nominee is deserving of being considered for life membership?):

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Nominees are required to be proposed and seconded by an STA Member

Proposed by (name): Signature:	Company Name Telephone:	Date:
Seconded by (name): Signature:	Company Name Telephone:	Date: