**Swimming NSW Life Membership**

**Nomination Form**

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| **Nominee Details** |
| Name: |  |
| Membership No. |  |
| Address: |  |
|  |  |
| Phone: |  |
| Email: |  |

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| **Nominee’s Role(s):** |
| **Years** |  | **Role** |
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| **Reason for Nomination:** |
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| **Nominator’s Details** |  |
| Name: |  |  |  |  |
| Membership No. |  |  |  |  |
| Address: |  |  |  |  |
|  |  |  |  |  |
| Phone: |  |  |  |  |
| Email: |  |  |  |  |
|  |  |  |  |  |
| Signature: |  |  |  |  |
| Date: |  |  |  |  |