

Recommendation for Discretionary Life Membership

We the undersigned recommend _____ for Discretionary Life Membership of Redlands Rugby League Football Club.

Please note:

1. For full information required to complete a valid recommendation, please refer to Life Membership Processes and Criteria, available on Redlands Rugby League website <https://static1.squarespace.com/static/63ffe027710a902bac2fa454/t/648bc607a4beff01b14b426a/1686881800825/Life-member-guidelines.pdf> or by application to Secretary, Redlands Rugby League Club.
2. Nominator and Seconder must both be voting members of Redlands Rugby League Club.
3. At least one of either Nominator or Seconder must be a Life Member of Redlands Rugby League Club.
4. Recommendation must be accompanied by a document stating reasons for the recommendation with reference to the specified Criteria.
5. Forward the completed recommendation form and supporting document to secretary@redlandsrugbyleague.com.au. The recommendation must be received by midnight September 30 of the year of recommendation.
6. An acknowledgment of receipt will be forwarded to Nominator only.
7. Recommendations will be considered annually by Redlands Rugby League Committee and the Redlands Rugby League Life Members, pursuant to the Constitution of the Redlands Rugby League Club.
8. A recommendation remains valid for three years, including the year of receipt.

NOMINATOR DETAILS NOMINATOR NAME (IN BLOCK LETTERS)

 Address _____
 Suburb _____ P/Code _____
 Email _____ Mobile _____
 _____ Redlands Membership Number _____
 Nominator Signature _____ Date: / /

SECONDER DETAILS SECONDER NAME (IN BLOCK LETTERS)

 Address _____
 Suburb _____ P/Code _____
 Email _____ Mobile _____
 _____ Redlands Membership Number _____
 Seconder Signature _____ Date: / /