



**Sunraysia Volleyball Inc (SVI)
Life Membership
Nomination Form**

Life Membership

Nominee Details	
Title of Nominee:	
First Name of Nominee:	Surname of Nominee:
Email:	Mobile:
Number of years involved (Min 10yrs):	
Detailed outline of the nominee's distinguished service to the game of volleyball; where such service is deemed to have assisted the advancement of Volleyball in the State of Victoria, as a player or administrator or otherwise :	

Nominator Details	
Title of Nominator:	
First Name:	Surname:
Email:	Mobile:
Position:	
Nominating association/club:	
Signature:	

Completed nomination forms are to be returned to:

The Secretary
Sunraysia Volleyball
P.O. Box 422
Mildura Vic 3502
or email: finance@sunraysiavolleyball.com.au

NOMINATIONS REQUIRED BY July 30th each year