



**CENTRAL COUNCIL OF WOMEN'S AUXILIARIES**  
**RECOMMENDATION FOR THE AWARD OF LIFE MEMBERSHIP**

The ..... Auxiliary recommends

Mrs / Miss..... (Surname)

..... (Christian Names)

for the Award of Life Membership.

Date of Birth ...../...../.....

Members full Postal Address .....

.....

..... Post Code.....

Date of Joining Auxiliary ..... / ..... / .....

Has the member had a minimum of 15 years? .....

Has the member rendered 10 years of Honorary Service .....

Give Details of Service.

Day Month and Year in chronological sequence of office and position held.

Dates

Office or position held.

From ...../...../..... to...../...../.....

.....

...../...../..... to...../...../.....

.....

...../...../..... to...../...../.....

.....

...../...../..... to...../...../.....

.....

...../...../..... to...../...../.....

.....



.....  
We the undersigned declare that this recommendation was proposed at a General Meeting held on ....., with the approval of 75% of members.

[Signature] President ..... Secretary.....  
Date.....

**GENERAL ACTIVITIES** please answer all questions.

Fundraising General (Raffles, stalls, luncheons and other functions)

.....  
.....  
.....  
.....

ANZAC Badges and Poppies

.....  
.....  
.....

***Welfare***

Area Welfare Group

.....  
.....

Community

RSL.....

.....  
.....

Assist sub-Branch

.....  
.....

President (Print Name)

.....

Signature

.....

Secretary (Print Name)

.....

Signature

.....

Date.....

...

Councillor's

Comments.....

.....

...

.....

...

.....

...

.....

...

.....

...

.....

...

Signature.....