

ALICE SPRINGS BASKETBALL ASSOCIATION LIFE MEMBERSHIP NOMINATION FORM NOMINEES INFORMATION:

TITLE:						
GIVEN NAME:						
SURNAME:						
NOMINEES TELEPHONE:	Н	W		M		
NOMINEES EMAIL						
Please refer to the award cr	_			. •		.II
information is to be specific	and relevant to	criteria. Please atta	ch another sheet if i	nsufficient space provided	d.	
• Significant contribution Representative.	ns while holding p	ositions on the Ass	ociation Board I	Member minimum of	f 3 terms as a Bo	ard
Demonstrated period n	ninimum 10 years	active membership				
Volunteer Referee Coo	ordinator, Technica	al Officials Develop	oment Coach, M	edia , Sports Medici	ne, volunteer Ad	ministrators
ASBA representation a	s State, Regional,	Coach, Manager, R	Referee and Play	er (Which represent	10% of Criteria)
Making significant con	tributions to the A	Association - the nor	minee should ha	ve actively contribut	ed to the core go	als and
values of the Association						
concurrently.						

NOMINEE DETAILS

I, current member of Alice Springs Basketball Association, declare that the information in this form is true to the best of my knowledge and propose the nominee be considered for ASBA Life Membership.

Nominators Name				
Telephone:	Н	W	M	
Email				
Name & Contact details of				
1 additional referee of this				
nomination				

Nominator's signature:	Date:
Additional Referee signature:	Date:

Please return all forms to:

ASBA Administrator
Alice Springs Basketball Association
PO Box 211, Alice Springs NT 0871
Or email asbasketball@bigond.com

Awards are made at the discretion of the ASBA Board.

The Boards decision is final.