**NOMINATION FORM:**

**RNZRSA AWARD & DISTRICT AWARD**

**THE NOMINEE**

**SURNAME** **CHRISTIAN NAMES**

**HOME ADDRESS**

**RETURNED/SERVICE/ASSOCIATE*.* (Delete which is not applicable***)*

**NAVY/ARMY/AIRFORCE/Police****(*Delete which is not* applicable) SERVICE NUMBER**

**FINANCIAL MEMBER OF RSA FROM**

THE NOMINATING ASSOCIATION

**NAME of RSA/BRANCH** **(Delete One)**

AWARDS ALREADY HELD BY NOMINEE **DATE AWARDED**

**RNZRSA GOLD STAR YES/NO**

**RNZRSA MERIT BADGE YES/NO YES/NO**

**LIFE MEMBERSHIP-RSA /BRANCH  *(Delete One)* YES/NO**

**CERTIFICATE OF MERIT- RSA/BRANCH (Delete One)**  **YES/NO**

**NZ ROYAL HONOURS  *(Refer chapter 5 appendix A, note 14)* YES/NO**

**RSA ACTIVITIES (Refer chapter 5 appendix A, note 13)**

**LOCAL ASSOCIATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **OFFICE BEARER** | **FROM MONTH / YEAR** | **To MONTH / YEAR** | | **TOTAL** |
| **PRESIDENT** |  |  | |  |
| **VICE PRESIDENT** |  |  | |  |
| **HONORARY TREASURER** |  |  | |  |
| **HONORARY SECRETARY** |  |  | |  |
| **RSA SUPPORT SERVICES** |  |  | |  |
| **EXECUTIVE COMMITTEE** |  |  | |  |
| **TOTAL** |  |

**BRANCH AND/OR PREVIOUS RSA CERTIFIED BY:**

***(Refer Chapter 5 appendix A note 13)***

|  |  |  |  |
| --- | --- | --- | --- |
| **OFFICE BEARER** | **FROM, MONTH / YEAR** | **TO MONTH / YEAR** | **TOTAL** |
| **PRESIDENT** |  |  |  |
| **VICE PRESIDENT** |  |  |  |
| **HONORARY TREASURER** |  |  |  |
| **HONORARY SECRETARY** |  |  |  |
| **RSA SUPPORT SERVICES** |  |  |  |
| **EXECUTIVE COMMITTEE** |  |  |  |

**RSA REPRESENTATION ON OTHER BODIES, SUCH AS, DISTRICT EXECUTIVE, TRUSTS**

**PATRIOTIC COUNCILS~~,~~ HOSPITAL VISITING ETC.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME OF ORGANISATION** | **FROM MONTH & YEAR** | **TO MONTH & YEAR** | | |
|  |  |  | |  | |
|  |  |  | |  | |
|  |  |  | |  | |
|  |  |  | |  | |
|  |  |  | |  | |
| **TOTAL** |  | |

**COMMUNITY INVOLVEMENT:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DESCRIPTION OF ACTIVITY** | **FROM MONTH & YEAR** | **TO MONTH & YEAR** | | **TOTAL** |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
| **TOTAL** |  |

**ADDITIONAL COMMENT:**

**Further information on the nominee’s RSA or kindred activities should be furnished on ONE separate sheet**

**and attached to this nomination form. Such information should preferably be typed otherwise clearly hand written in black ink for photocopying on A4 paper. All attachments must be signed dated.**

**CERTIFICATION:**

**Approval at an Annual General Meeting / Executive Committee Meeting of the**

**RSA, held on; Date:**

**CONFIRMATION:**

***I confirm that I HAVE READ Chapter 5 Awards for Meritorious Service Guidelines and that the above information* *is certified as correct.***

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Local Association President or Secretary (delete one)**

**Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DISTRICT PRESIDENTS INPUT ONLY:**

***AWARD***

***DATE AWARDED***

**APPROVED/DECLINED by District President: (delete one.)**

***SIGNATURE*;**

**Date:**

**PRINT NAME: DISTRICT:**

**RNZRSA AWARDS:**

**DISTRICT PRESIDENT** **recommendation to Presidents Forum:** **APPROVE / DECLINE**.

**PRINT NAME: NAME OF DISTRICT:**

**SIGNATURE: DATE**