

RNZRSA AWARD NOMINATION FORM:



☐ RNZRSA AWARD or ☐ DISTRICT AWARD (Tick one)

THE NOMINEE

SURNAME

CHRISTIAN NAMES

HOME ADDRESS

RETURNED / SERVICE / MEMBER. (Delete which is not applicable)

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

FINANCIAL MEMBER OF RSA FROM (Years)

THE NOMINATING ASSOCIATION

NAME of RSA / BRANCH (Delete One)

<u>AWARDS ALREADY HELD BY NOMINEE</u>	<u>Delete One</u>	<u>DATE AWARDED</u>
CERTIFICATE OF MERIT – RSA/BRANCH	YES / NO	
LIFE MEMBERSHIP – RSA/BRANCH	YES / NO	
RNZRSA MERIT BADGE	YES / NO	
RNZRSA GOLD STAR	YES / NO	
RNZRSA GOD STAR & BAR	YES / NO	
NZ ROYAL HONOUR	YES / NO	

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

LOCAL ASSOCIATION:

<u>OFFICE BEARER</u>	<u>FROM MONTH / YEAR</u>	<u>To MONTH / YEAR</u>	<u>TOTAL</u>
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)

<u>OFFICE BEARER</u>	<u>FROM, MONTH / YEAR</u>	<u>TO MONTH / YEAR</u>	<u>TOTAL</u>
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 Visit Etc,

NAME OF ORGANISATION	FROM MONTH & YEAR	TO MONTH & YEAR	TOTAL
			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 / Secretary (**delete one**)

Dated _____

FOR DISTRICT PRESIDENT USE ONLY

DISTRICT LONG SERVICE AWARD

Number of years applied for (*MUST be filled in*)

APPROVED / DECLINE by District President: (delete one.)

SIGNATURE Date.....

PRINT NAME: DISTRICT:.....

RNZRSA AWARDS:

Merit Badge, Gold Star, Gold Star and Bar (*Delete which is not applicable*).

APPROVE / DECLINE DISTRICT PRESIDENT recommendation to Presidents Forum: .

PRINT NAME: NAME OF DISTRICT:

SIGNATURE: DATE: