AUSTRALIAN RESUSCITATION COUNCIL (QUEENSLAND BRANCH) INC

NOMINATION FORM
LIFE MEMBERSHIP

I, _____ wish to nominate the below named person for Life Membership of the Australian Resuscitation Council (Queensland Branch) Inc.

Nominated by: _____ (Name) _____ (Signature) ____ / ____ / _____ (Date)

Seconded by: _____ (Name) _____ (Signature) ____ / ____ / _____ (Date)

The Nominee

Name: _____ Date of Birth: ____ / ____ / _____

Address: _____

_____ State: _____ Postcode: __ __ __ __

Occupation: _____

First Year Active Involvement with ARCQ: _____

Board Membership:

Years: _____ Position: _____

Years: _____ Position: _____

Years: _____ Position: _____

Years: _____ Position: _____

Please describe how the nominee has supported the ARCQ:

Please attach a citation for the nominee describing their work and career supporting the ARCQ.