



NOMINATION FOR LIFE MEMBERSHIP

SPAA Society of Precision Agriculture Australia is pleased to invite members to nominate a fellow PA advocate whose outstanding contributions to precision agriculture to be recognised with life membership to our fantastic and progressive organisation.

NOMINATE NOW

Criteria

The following criteria should be addressed when nominating a candidate. It is helpful to include examples of how the nominee has gone above and beyond what could reasonably be expected of a member and why their contribution is worthy of recognition through life membership of the SPAA.

The key elements that will be taken into account in awarding Life Membership are:

- an ongoing commitment to SPAA over many years
- contributions to the SPAA which have enhanced its standing within its membership and the wider community
- commitment which does not seek personal reward, and
- a high level of recognition from the SPAA's membership of the nominee's work for the SPAA over a number of years

Assessment

Any current member of SPAA who wishes to have a person considered for nomination as an Honorary Life Member may complete and forward a submission to that effect in writing to the Executive Officer.

The Executive Officer will refer any application to the SPAA committee (set up annually by the Committee) for consideration and recommendation.

Due date

Please mail, email or fax this completed form marked to the attention of:

The Executive Officer
SPAA Society of Precision Agriculture Australia Inc
PO Box 3490, Mildura 3502
Fax: 1300422279
Email: info@spaa.com.au

Close of nominations to arrive 5 days prior to the AGM.

WHO ARE YOU NOMINATING?

Title: Given Name: Surname:

Nominee's Address:

Nominee's Contact phone number:

Nominee's Contact Email:

NOMINATION CRITERIA

Please briefly explain why the nominee should be considered for life membership (you may add additional comments in a separate paper if space is insufficient).

NOMINATOR AND SECONDER DETAILS

We, current members of the SPAA, declare that the information in this form is true to the best of our knowledge and propose the nominee be considered for life membership of the SPAA.

Nominator

Seconder

Signed:

Signed:

Name:

Name:

Address:

Address:

Contact phone number:

Contact phone number:

Email:

Email:

Date:

Date:
