NSW Operating Theatre Association Inc
Life Membership Nomination Form

SURNAME OF NOMINEE……OTHER NAMES……..

POSTAL ADDRESS……..

……...POST CODE……

TELEPHONE NUMBER HOME:…….. MOBILE… ……

FAX……EMAIL ADDRESS…..……..

MEMBER OF ZONE……

OUTLINE THE ACCOMPLISHMENTS OF THE NOMINEE WHICH DEMONSTRATE THEY FLFILL THE CRITERIA TO BE AWARDED LIFE MEMBERSHIP (attach additional page if more space required).

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Mail this form to the: NSW OTA Secretariat, PO Box 212, Croydon NSW 2132
OR fax to: : (02) 97991867 OR email to: info@nsw-ota.asn.au

NAME OF NOMINATOR……SIGNATURE……DATE……

Office Use Only:

APPLICATION RECEIVED BY ZONE: *APPROVED/NOT APPROVED*

Date: _____/_____/_____ *Signed…….. Date……*

APPLICATION RECEIVED BY HONORARY SECRETARY: *APPROVED/NOT APPROVED*

Date: _____/_____/_____ Signed…… Date……