**Australasia-Pacific Extension Network Ltd **

**Nomination for an APEN Ltd Life Membership**

**We the undersigned, being full financial members of APEN Ltd, nominate**

**…………………………………………………………………………………………………..**

**of ……………………………………………………………………(Town, State/Country) for APEN Ltd Life Membership**

***Nominator***

**Name: ………………………………………………………………………**

**Signature: …………………………………………………. Date: ………………………………….**

**Email: …………………………………………………. Phone: ……………………………………**

***Seconder***

**Name: ………………………………………………………………………**

**Signature: …………………………………………………. Date: …………………………………….**

**Contribution of nominated Life member**

*An outline of the nominee’s contribution to the advancement of Extension practices and membership of APEN (in 150 words or less)*

**Please forward the competed nomination form to:**

**Company Secretary: 11 Eltham Court, Wodonga VIC 3690 or info@apen.com.au**

**Nominations close COB on the date of the month four months prior to the AGM.**