

NOMINATION FOR LIFE MEMBERSHIP IN ALBERTA STUDENT AWARD PERSONNEL ASSOCIATION

Please return the completed nomination form by October 1 to the ASAPA Secretary. Please print legibly and in ink. Nominations are subject to approval by the ASAPA membership. Must be nominated and seconded by two current or life members of ASAPA.

Life Membership is an honour reserved for members who have made a significant contribution to ASAPA and the field of student financial aid in Alberta. Life members have shown dedication and commitment to advancing the goals and supporting the work of the Association.

PERSONAL INFORMATION OF NOMINEE:

Last Name: _____ First Name: _____

Home Address: _____

Town/City: _____ Province: _____

Postal Code: _____ Telephone: _____ Cell: _____

E-mail: _____ Fax: _____

POST-SECONDARY INSTITUTION(S) with dates of employment and titles:

(1) _____

(2) _____

(3) _____

DATE OF RETIREMENT (if appropriate): _____

PLEASE ATTACH:

1. A detailed description of the nominee's involvement in ASAPA including years, i.e. 1989-90, and executive positions held,
2. Involvement at the national level,
3. Other relevant information.

Nominations:

Nominations for Life Membership may be made by any member of ASAPA. Suggested rational for Life Membership include, but are not limited to:

- a. Dedicated service to the Association.
- b. Demonstrated expertise in financial aid plus a willingness to share with others.

Election:

The ASAPA Secretary shall present those names which have been nominated to the membership at the next annual meeting and a vote will be taken. A two-thirds majority of those present and voting is required for the election of the nominee to Life Membership.

Dues Waiver:

Annual dues are waived for all members holding Life Membership status.

Life members do not have the right to vote or to hold office in the Association.

Presentation to Life members will be done at the Annual General Meeting.

NOMINATED BY:

Name: _____

Address: _____

Post Secondary Educational Institution: _____

Signature of Nominator: _____

Date: _____ Telephone: _____

SECONDED BY:

Name: _____

Address: _____

Post Secondary Educational Institution: _____

Signature of Seconder: _____

Date: _____ Telephone: _____