



Distinguished Life Fellowship nomination form

Nominations will be rendered invalid unless the nomination form is completed in full and the Nominee, Nominator and Seconder are all financial members of ACN.

(Please print all details clearly)

TO BE COMPLETED BY THE NOMINATOR

I, _____ the undersigned,

of, _____

being a /Distinguished Life Fellow/Fellow/Member of ACN, hereby nominate:

Name of nominee _____

as a candidate for a Distinguished Life Fellowship Award.

Following is my statement of support:

Signature of nominator _____ Date: _____

TO BE COMPLETED BY THE SECONDER

I, _____ the undersigned,

of, _____

being a Distinguished Life Fellow/Fellow/Member of ACN, hereby second the above nomination.

Following is my statement of support:

Signature of seconder _____ Date: _____

Your completed nomination can be lodged with ACN as follows:

Hardcopy nominations can be posted to:
Membership
Australian College of Nursing
PO Box 219
DEAKIN WEST ACT 2600

Nominations* can be emailed to membership@acn.edu.au

**Please ensure each component of your application is saved as a separate pdf file.*