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**LIFE MEMBERSHIP NOMINATION FORM**

**(To be conferred at the AGM)**

I …………………………………………………………………………………………………….

wish to nominate ……………………………………………………………………………

to be considered for Honorary Life Membership of South Pacific Educators in Vision Impairment (SPEVI) New Zealand.

**Rationale for this nomination** - (minimum 250 words)

Signed …………………………………………………………………………….

Date ………………………………………………………………………………..