######  Whangamata Ocean Sports Club Inc

## PO Box 84 Whangamata

## Ph: 07 865 8704

### Fax: 07 865 8723

Committee Recommendation for Life Membership

We, the undersigned, being financial members of the Whangamata Ocean Sports Club Inc., hereby nominate (*please print)*

.............................................................................................................................

Life Membership

**Proposer**

**Name: (***please print)* ................................................................. M/Ship No: …………

**Signature:** .................................................................

**Seconder**

**Name: *(****please print)* ................................................................ M/Ship No: …………

**Signature:** .................................................................

**To be a valid nomination, nomination forms must be in the hands of the Club Secretary or Manager, PO Box 84 Whangamata or email to manager@oceansports.co.nz by 4pm on Friday 3rd May 2024 and displayed on receipt on the Club notice board.**