Health Libraries Inc.

Honorary Life Membership Nomination

Nominee Details

Name:

Contact details:

State: **Post Code:** **email:**

Please indicate if this person is, or has been a member of HLInc. ☐ Yes ☐ No

Profile of Nominee

Please complete the following sections about your nominee and include any documents/photographs etc. in support of your nominee.

Documents/photographs to be returned ☐ Yes ☐ No

Work History:

Contributions to Health Librarianship:

Health Libraries Inc.

Honorary Life Membership Nomination

Profile of Nominee

Other Information: _____

Please provide the names and contact details of any other people who may be able to add support to this nomination:

Contact details: _____

Phone: _____ **Mobile:** _____

email: _____

Nominator

Name: _____

Contact details: _____

Phone: _____ **Mobile:** _____

email: _____

If your nominee is successful would you be willing to speak to the nomination at the presentation dinner? ☐ **Yes** ☐ **No**

Signature: _____ **Date:** _____

The HLInc committee thanks you for your nomination and a decision regarding the outcome of this application will be communicated to you in due course.