



# Health Libraries Inc

## Honorary Life Membership Nomination

### Nominee details

Name\_\_\_\_\_

Address\_\_\_\_\_

State\_\_\_\_\_ Post code \_\_\_\_\_ Email\_\_\_\_\_

Please indicate if this person is, or has been, a member of HLI Inc

**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**

## Honorary Life Membership Nomination

Other supporting information

### Nominator details

Name \_\_\_\_\_

Relationship to nominee \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Name \_\_\_\_\_

Relationship to nominee \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_

Relationship to nominee \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

*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.*