



NOMINATION FOR POSITION OF STATE TREFOIL GUILD ADVISER / AUSTRALIAN TREFOIL GUILD ADVISER

Please type or print clearly in black pen.

Position nominated: State Trefoil Guild Adviser Australian Trefoil Guild Adviser

Nominee's details:

Title:	Given names:	Surname:			
Post nominals:		GGA membership no:			
Street address:					
Suburb:		Postcode:		State:	
Preferred contact phone no:			Alternative contact phone no:		
Email:					
Age Group:	Under 45	45-54	55-64	65-74	75 and over
Trefoil Guild(s) in which membership is currently held:					
Total length of Trefoil Guild membership:					
Date of last membership payment:			Date of renewal of promise as a Trefoil member:		

<p>Experience and details of all Trefoil Guild membership:</p>
<p>Guiding experiences:</p>



Committee memberships:

Work experience and qualifications:

How would you carry out this role?

What contribution could you make to this role?

Proposer's name:

Position:

Signature:

Date:

Proposer's comments:

Nomination accepted by (name):

Signature:

Date:

*Attach a full photograph of yourself in Trefoil Guild dress. Trefoil Guild dress is to be worn to the interview.
Return this form to your State Trefoil Guild Adviser or the Australian Trefoil Guild Adviser.*