



HONORARY MEMBERSHIP NOMINATION FORM

NOMINEE DETAILS

Individuals Name : _____

Company Name : _____

Company Address : _____

Email Address : _____

Mobile Phone Number : _____

QUALIFICATION - Must be actually playing the role or delivering the benefit.

Role Being Undertaken: _____

Or, Strategic Alliance Outline:

Or, Strategic Benefit Outline:

NOMINATORS DETAILS - Must be a A.T.C. member.

Individuals Name : _____

Company Name : _____

Company Address : _____

Email Address : _____

Mobile Phone Number : _____

Nominators Signature: _____

_____/_____/_____
Date