The Astronomical Society

of New South Wales Incorporated

Since 1954 | ABN 51 807 120 936

PO Box 193
ETTALONG BEACH NSW 2257

AWARD NOMINATION FORM

I would like to nominate the following ASNSW member for a Society award:

NAME OF NOMINEE: _____

TYPE OF AWARD:
(Please mark one box only. Refer to "ASNSW Society Awards" document for a description of the awards and their criteria.):

- ☐ McNiven Medal
- ☐ Southern Cross Award
- ☐ Life Membership
- ☐ Crago Award

REASON FOR NOMINATION
(please provide as much information as you can about why you believe the nominee qualifies for an award):

_____

_____

_____

_____

_____

_____

_____

_____

NAME OF NOMINATOR: _____

ADDRESS: _____

_____

_____

TEL (H): _____ ***TEL (W):*** _____ ***TEL (M):*** _____

SIGNED: _____ ***DATE:*** _____

PLEASE RETURN THIS FORM TO THE SOCIETY'S POSTAL ADDRESS SHOWN ABOVE.