

Good Service Brooch



For Adult members who have given excellent service to Girlguiding.

AWARD NOMINATION FORM

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| **Nominees Full Name**:  |
| **Membership Number**: |
| **Current Guiding Appointment(s)**:  |
| **Reason for Nomination**: |
| Name of Proposer:BLOCK CAPITALS PLEASE | Name of Seconder:BLOCK CAPITALS PLEASE |
| Signature of Proposer:CAN BE ELECTRONIC | Signature of Seconder:CAN BE ELECTRONIC |
| Date: |

Please return this form via email to: essexsecc@gmail.com

2022