

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](mailto:essexsecc@gmail.com)

2022