



Rural Doctors Association of Queensland

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## RDAQ AWARDS 2011—NOMINATION FORM

I wish to nominate \_\_\_\_\_  
*(please print name of nominee in block letters)*

For the following award (*tick which is applicable*)

- Honorary Life Membership**
- Honorary Associate Membership (David Horn Memorial Medal)**
- Legend of the Bush Award**
- RDAQ Meritorious Service Award**

**Reason for Nomination:** *(Please outline why the award is warranted, referring to the award criteria)*

Name of the person submitting the nomination: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please mail/email/fax this nomination form to the RDAQ office:*

GPO Box 2523; BRISBANE QLD 4001  
Fax: 3221 3748;  
email: [rdaq@rdaq.com.au](mailto:rdaq@rdaq.com.au)  
*(There is no need to obtain the signature of the person being nominated)*