

Victorian Truck Drivers Memorial Nomination Form

Details of person nominated:							
First name:			Last name:				
Nickname: <small>(optional)</small>							
Date of birth:	Day:	Month:	Year:	Date of death:	Day:	Month:	Year:

Details of applicant:							
First name:			Last name:				
Street address:				Home phone:			
Suburb:				Work phone:			
State:		Postcode:		Mobile phone:			
Relationship to nominee:				Email:			

Brief history of nominee – detailing experience/history in the transport industry:

I, _____ have permission to provide details of _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> (Applicant) (Nominee) </div>	
for listing on the Victorian Truck Drivers Memorial, located in Alexandra, Victoria.	
Signed: _____	Date: _____

Please mail this form to:

Victorian Truck Drivers Memorial
 P.O. Box 8265
 Armadale, Vic 3143

