

## IaAWP Officer of the Year Nomination Form

Please print, fill out, and send the following form to IaAWP President.

Name of nominee: \_\_\_\_\_

Organization: \_\_\_\_\_ District: \_\_\_\_\_

Org. Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip [+4 digit]: \_\_\_\_\_

Rank/Job title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_

Work e-mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Your Name: \_\_\_\_\_

Organization: \_\_\_\_\_ District: \_\_\_\_\_

Org. Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip [+4 digit]: \_\_\_\_\_

Rank/Job title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_

Work e-mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Please consider this nomination for the "Officer of the Year" award because: