

# WTA DISTINGUISHED SERVICE AWARD NOMINATION FORM

All parts of the application form must be completed **fully and submitted on time** for consideration of the applicant.

Name of Nominee: \_\_\_\_\_

Current Location: \_\_\_\_\_

# of years Association involvement: \_\_\_\_\_

Please complete the following **precisely and accurately**, and if necessary, append additional pages.

## 1. Major Association / Society Professional .....

<i>Area of Involvement</i>	<i>Dates</i>
a) Council Rep. Total Number of years of service	_____
b) Executive (specify role)	
_____	_____
_____	_____
_____	_____
c) WTA Committees (specify)	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
d) Other committee involvement (specify)	
_____	_____
_____	_____
_____	_____

**2. Major contributions to the Association (e.g. Service to the Association/ membership through advocacy/support.)**

*Specific Areas:*

*Dates*

_____	_____
_____	_____

*Please provide any further information on the nominees' contribution to the Association that you may feel the committee should consider.*

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*In addition, please provide the names of two members who would provide additional information. The Committee may contact these people should they require further information. You may only support ONE application per year.*

	<i>Name</i>	<i>School</i>	<i>Phone #</i>
1.	_____	_____	_____
2.	_____	_____	_____

*Name of Nominator:* \_\_\_\_\_

*Current Location:* \_\_\_\_\_

*Phone Number:* \_\_\_\_\_

**Return this form to the WTA office via Fax – 831-9608 by:**

**February 15<sup>th</sup>**