

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

Area of Involvement

Dates

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.

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 – 204-837-9698 by:

February 15th