

# GAEA AWARD NOMINATION FORM

I, \_\_\_\_\_ attest that \_\_\_\_\_  
Signature of Nominator Name of Nominee

is a NAEA/GAEA member, and I nominate him/her for the following award \_\_\_\_\_

(Print exact award title: GAEA division or GAEA special award)

## NOMINEE INFORMATION

Membership Division \_\_\_\_\_ ID # \_\_\_\_\_ County \_\_\_\_\_

Nominee \_\_\_\_\_  
(Dr., Mr., Mrs., Ms.) First M.I. Last

Nominee's Home Address \_\_\_\_\_  
Street/PO Box City State Zip

Current Employer \_\_\_\_\_ Position/Title \_\_\_\_\_

Work Address \_\_\_\_\_  
School/Office Street/PO Box City State Zip

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Local Newspaper \_\_\_\_\_

Newspaper Address \_\_\_\_\_  
Street/PO Box City State Zip

## NOMINATOR INFORMATION

Nominator \_\_\_\_\_  
(Dr., Mr., Mrs., Ms.) First M.I. Last

Nominator's Home Address \_\_\_\_\_  
Street/PO Box City State Zip

Work Address \_\_\_\_\_  
School/Office Street/PO Box City State Zip

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

AWARD NOMINATIONS POSTMARKED AFTER JUNE 1 EACH YEAR WILL NOT BE PROCESSED THAT YEAR