



WSSA NOMINATION FORM

- Distinguished Service Award
- Gayl Farris Outstanding Clerical Award
- Membership Liaison Award
- Rookie of the Year Award
- Human Services Award
- Economic Support Award
- Honorary Life Membership - Date Regular Membership ends _____

PERSONAL DATA

Name of Nominee: _____

Home Address: _____

Home Phone #: _____ E-mail: _____

WSSA AFFILIATION

Member: Yes No Number of years Member: _____

WSSA Positions or offices held and years: _____

EMPLOYMENT HISTORY

Present position and title: _____

Agency Name: _____

Agency Address: _____

Agency Phone #: _____

Years in Present Position: _____ Years at Agency: _____

Past Positions: _____

EDUCATION AND/OR TRAINING (Optional) _____

(continued)

