



WSSA NOMINATION FORM COUNTY BOARD RECOGNITION AWARD

County: _____

PERSONAL DATA

Name of Nominee: _____

Home Address: _____

Home Phone #: _____ E-mail: _____

WSSA AFFILIATION

Member: Yes No If a member, number of years: _____

COUNTY BOARD INFORMATION

Years of Service on Board: _____

Current Board sub-committees and number of years held: _____

Past committee positions: _____

OTHER AWARDS OR RECOGNITIONS (letters of commendation from other offices & agencies may be included)
