

## **Chapter Member of the Year Nomination Form**

This completed form must be submitted to your Chapter President by <u>January 2</u>, <u>annually</u>. Contact information is located on the last page of the RSEA Newsletter,

or on the RSEA website: www.rseala.org.

Nominee must be a LASERS Member and a member of RSEA. <u>Attach additional pages if more space is needed to complete any category</u> (for a 250 word total MAXIMUM for each category.) Include the Nominee's name and category number at the top of each additional page.

## PERSON BEING NOMINATED (A) Personal Information NAME: \_\_\_\_\_\_CHAPTER DATE\_\_\_\_\_ MAILING ADDRESS: HOME TELEPHONE: \_\_\_ CELL PHONE: FAMILY INFORMATION: (B) History of State Service (Please provide the Nominee's Classification, current agency or agency at time of retirement. List career details beginning with most recent and working back.) CLASSIFICATION **AGENCY NUMBER OF YEARS** OR DATES OF SERVICE (C) Honors and Recognitions (Please provide the name of the honor/award, organization, and brief description of award.) HONOR/AWARD/RECOGNITION ORGANIZATION **REASON AWARDED** (D) Community Involvement (including Church and Civic) NAME OF PERSON SUBMITTING NOMINATION (Print) CHAPTER REASON FOR SUBMITTING THIS NOMINATION (How have they enhanced the lives of state Retirees/Employees)

Thank you for your involvement and membership in RSEA!