

WSSA NOMINATION FORM
COUNTY BOARD MEMBER RECOGNITION AWARD

(Please complete to the best of your knowledge)

PERSONAL DATA

Name of Nominee _____ County _____

Home Address and Phone Number _____

WSSA AFFILIATION

Member: Yes _____ No _____ Number of Years _____

Positions or offices held and years _____

COUNTY BOARD INFORMATION

Years of Service on Board _____

Current Board Subcommittees and number of years held _____

Past Committee Positions _____

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

EDUCATION AND/OR TRAINING (optional)

PLEASE STATE WHY THIS PERSON SHOULD RECEIVE THIS AWARD

