

## OUTSTANDING SERVICE AWARD

Each affiliate club can send in a name for each specialty clubs outstanding member this year.  
We will need the following information

CLUB NAME: \_\_\_\_\_

SECRETARY PHONE NUMBER ( ) \_\_\_\_\_

Email address (if any) \_\_\_\_\_

Name and address of member Nominated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments of why this person has been nominated

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this request to NPA Secretary P.O. Box 295 Winston, GA 30187, **Please return by October 1<sup>st</sup>**, to be presented at the membership meeting on Thursday night. Please let us know if possible if the person will be at the meeting.