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Wisconsin Chapter	
Wisconsin Chapter Individual Awards Nomination Form	
Deadline: January 31, Annually	
The attached information is submitted for the following award:	

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Address (if po	st office box, include street a	WI	
	st office box, include street a	address)	
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Agency/Orgar	nization		
Nominating O	rganization/Individual	Title	
Phone	Fax	E-mail	
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City	_	WI State	Zip-Postal Code
Address (if pos	t office box, include street ac	ŕ	
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Agency/Organiz	zation		
Candidate's Na	me/Program's Name	Title	
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	onal Award being sought: _ ecessary copies for National	consideration and	the Chanter will submit ther
Yes No	ioi personsidered to	all AFWA Nationa	ai Awaiu!
_	dividual to be considered for		
_	Member Impact Award - Sup		
carriaci / t. Crecie,			
Samuel A. Greeley		orting Data Form n	nust also he submitted
☐ John W. Curtis Ch	ank Award - Supporting Data apter Service Award - Suppo		