NOMINATION FORM
(2021 *Membership Achievement Award*)

➤ **I would like to nominate**
_____

➤ Nominee's Local/Unit/Agency Location_____

➤ Please explain on the lines below how the nominee fulfills the spirit of the Membership Achievement Award. Please include specific examples of your nominee's achievement(s).

Nominated by: *(Please Print)*
_____

Agency/Work Location: _____Local#:_____

Phone #: _____ Home Email: _____

ALL NOMINATIONS MUST BE POSTMARKED BY JULY 9, 2021.

Please return to: CSEA Membership Committee, Membership Achievement Award, c/o CSEA Organizing Department, 143 Washington Ave., Albany, NY 12210. **Attn: Lorri Parry**

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____