# N O M I N A T I O N F O R M
## (2023 *Member Achievement Award*)

➤ **I would like to nominate** _____

➤ **Nominee's Local/Unit/Agency Location**_____

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➤ **Please explain 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 RECEIVED AT HEADQUARTERS BY CLOSE OF BUSINESS ON FRIDAY, JULY 7, 2023.**

***Please return to:*** **CSEA Membership Committee, Membership Achievement Award, c/o CSEA Organizing Department, 143 Washington Ave., Albany, NY 12210. Attn: Adrena White. Or by emailing adrena.white@cseainc.org or by fax to (518) 434-0762, Attn: Adrena White**

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