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**_____

➢**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**

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