



FLORIDA CAPITAL CHAPTER
MEMBER'S CHOICE AWARD OF MERIT

NOMINATION FORM

Candidate's Name: _____

Business Address: _____

Organization Name: _____

Candidate's Title: _____

In a brief description, please answer the following questions to explain why you feel this nominee is deserving of the award. What specific action has lead you to believe that the nominee is deserving of the award? How did this action benefit the chapter? Are there any other contributions this person has made to the chapter (i.e. board/committee involvements) that you would like to mention?

Nominated By:

Phone Number:

THANK YOU FOR YOUR NOMINATION!

Forms must be received by June 8, 2018, please email to: