

**WEST VIRGINIA PUBLIC HEALTH ASSOCIATION**  
**Organizational/Group Award**  
**NOMINATION FORM**

1. I wish to nominate the following organization/group for the West Virginia Organizational/Group Award

Name: \_\_\_\_\_

Address (if living): \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Birth date: \_\_\_\_\_ Birthplace: \_\_\_\_\_

2. Approximate years of active public health service: \_\_\_\_\_

3. Explain briefly the contributions the nominee has made in service to the field of Public. Indicate with an asterisk (\*) which contributions are considered of major importance and why you think so. Elaborate on separate sheets if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify the above statements are true and accurate to the best of my knowledge.

Name \_\_\_\_\_  
(Print or type)

Address \_\_\_\_\_  
\_\_\_\_\_

Organization \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

*(Additional pages may be added if necessary)*

Please submit nomination forms by **June 18th** to:

West Virginia Public Health Association  
Awards Committee  
P.O. Box 11635  
Charleston, WV 25339-1635

All information will be kept strictly confidential prior to the Thursday evening awards banquet.