

**Florida District  
Person of the Year Nomination Form**  
(Type or Print Legibly)

**Candidates Information**

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

Chapter Designation: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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

GWRRA #: \_\_\_\_\_ Join Date: \_\_\_\_\_ Exp Date: \_\_\_\_\_

**Attach a  
Photograph of  
Chapter  
Person of the Year**

**I would like to be considered for the District Person of the Year Selection.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Person of the Year Nomination Form

1. Brief Personal Background (e.g. family, work, motorcycling history, etc.)

2. GWRRA Participation and Involvement (e.g. positions held, rallies and activities attended-list chronologically). Only covers the year in which you were nominated for.

3. Rider Education Level - Current: \_\_\_\_\_

4. New Members Recruited: \_\_\_\_\_

**Person of the Year Nomination Form**

**Nominator's Comments**

Name of Nominator: \_\_\_\_\_

Position: \_\_\_\_\_

Chapter Name (Include Designation/City/District): \_\_\_\_\_

Comments:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_