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.

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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 July 8th 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.