

NATIONAL COUNCIL OF SOCIAL SECURITY MANAGEMENT ASSOCIATIONS
COMMUNITY SERVICE AWARD
NOMINATION FORM

Nominee:

Position, Grade:

Regional Association:

Office Telephone:

INFORMATION IN SUPPORT OF NOMINATION

Please list or attach information in support of the nomination as presented under the selection criteria. Be sure to list specific information and dates. The informational sheets should not exceed three pages typewritten. This nomination should be accompanied by a letter of support signed by the Regional President, and mailed to the Vice President of the National Council no later than August 15.