

**2016 FLAGD ACHIEVEMENT AWARD NOMINATION FORM**

Please consider this candidate for the following Membership Achievement Award:

- Lifetime Achievement Award
- Distinguished Service Award
- Humanitarian Award

**Personal**

Nominee: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home #: \_\_\_\_\_ Office #: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Description of Candidate's Qualifications**

Briefly describe the works for which the individual is being nominated, and for which award.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Use additional sheets if necessary

**List of Nominees other honors and awards**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Nomination submitted by:**

Name: \_\_\_\_\_ AGD #: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email : \_\_\_\_\_