



WEF Member Association Award Nomination Form

Award Name: _____

Nominee Name: _____
(Provide Full Name)

Address: _____

Phone: _____ **E-mail:** _____

WEF Membership # _____

WEF Member Association: _____

Supporting Facts for Nomination: *(Required – maximum 50 words):*

Please see attached

Nominated By: _____

WEF Membership # _____

E-mail: _____

Address: _____

Mail or e-mail this form and all attachments to your Member Association's Awards Manager.
Click [here](#) to find your MA's contact information.