

2019 NOMINATION FOR HONORABLE MENTION AWARD

Local Chapter Name: _____ Area: _____

Report submitted by: _____ Phone: _____

Address: _____

City/St/Zip: _____

Email: _____

Each local RTA may submit up to **three (3) nominees for the Honorable Mention Award**. Please use full, legal name(s). Briefly, describe the activities of your nominee(s). Please check with your local president or your AREA Community Service Chairperson to make sure your nominees are members of Indiana Retired Teachers Association. You may also call the state office (888.454.9333) for verification. Do not send additional information such as newspaper clippings or pictures.

1. Name _____

Address: _____ City: _____ Zip: _____

Volunteer Hours: Youth: _____ Other: _____ TOTAL: _____

Volunteer Activities: _____

2. Name: _____

Address: _____ City: _____ Zip: _____

Volunteer Hours: Youth: _____ Other: _____ TOTAL: _____

Volunteer Activities: _____

3. Name: _____

Address: _____ City: _____ ZIP: _____

Volunteer Hours: Youth: _____ Other: _____ TOTAL: _____

Volunteer Activities: _____

Please send your nominations to your Area Community Service Chairperson before January 15.