

2016 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). Be sure that your nominee(s) **are members of Indiana Retired Teachers Association**. 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. Thank you for your time and effort.

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 to this report to your Area Community Service Chairperson by January 15, 2017. Thank you.