

NAEA Awards Program NOMINATION Form

(Please Type or Print)

I _____ nominate _____
Name of Nominator Name of Nominee

For the following Award _____
(Please print the exact award title as it appears in the NAEA Awards Program Booklet)

NOMINEE INFORMATION

Full name of Nominee _____
(Dr., Mr., Ms., Mrs.) First M.I. Last

Membership Division _____ ID# _____ Region _____

Nominee's Home Address _____
Street/PO Box City State Zip

Current Employer _____ Position/Title _____

If retired, indicate date of retirement ____ / ____ / ____
MM DD YY

Work Address _____
School/Building Street/PO Box City State Zip

Home Phone () _____ Work Phone () _____ E-mail _____

NOMINATOR INFORMATION

Full Name of Nominator _____
(Dr., Mr., Ms., Mrs.) First M.I. Last

____ I certify that I am not an immediate family member (spouse, parent, sibling) of the person who I am nominating.

Nominator's Home Address _____
Street/PO Box City State Zip

Work Address _____
School/Building Street/PO Box City State Zip

Home Phone () _____ Work Phone () _____ Email _____

**AWARDS PACKETS POSTMARKED AFTER DEADLINE* OR
CONTAINING INSUFFICIENT or EXTRA MATERIALS WILL BE CONSIDERED INVALID**

*Unless otherwise stated in the award description, nomination packets as well as State/Province Art Educator Award notification forms must be submitted to the NAEA National Office digitally or postmarked on or before **October 1**.