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# APPRECIATION AWARD NOMINATION FORM

Zone/Decentralized Association: \_\_\_\_\_

President's Name: \_\_\_\_\_

Our Zone/Decentralized Association would like to nominate:

Name: \_\_\_\_\_

Position Held in Association: \_\_\_\_\_

Number of Years as a Volunteer with Association:

Please give a full description and justification as to why your Association has chosen the above person to be submitted for consideration to receive an **APPRECIATION AWARD CERTIFICATE**.

Please complete and return to the Provincial Office no later than **MAY 9, 2014**. You can use the back of this form if you need more space.

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