County Good Service award

Nomination form

Details of Nominee

|  |  |
| --- | --- |
| Name |  |
| Membership number |  |
| District/division |  |

Brief summary of the reason for nomination - the nominee’s service and qualifications will be taken from GO

Remember, confidentiality must be maintained. Please ensure the neither the nominee nor any family members are made aware of the application.

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Nomination submitted by

|  |  |
| --- | --- |
| Name |  |
| Membership number |  |
| Role |  |
| Signature |  |
| Date |  |