

NOGA

Northwest Ohio Gerontological Association Lifetime Achievement Award Nomination Form

Nominee: _____ Phone: _____

Address: _____

Contact Person: _____ Phone: _____

Address: _____

Major achievements in the field of aging: _____

Length and impact of service: _____

List personal/professional strengths of nominee: _____

Local awards and recognitions of nominee: _____

State: _____

National: _____

List boards/commissions/organizations nominee is/was involved in and also list any offices held:

Photograph of nominee enclosed: ____ yes ____ no