

**OUTSTANDING YOUNG PROFESSIONAL AWARDS
OFFICIAL NOMINATION FORM**

This award is designed to recognize Young Professionals (individuals age 40 and younger) who are an employee of a company or member of an organization which holds a membership with the Washington Area Chamber of Commerce.

The awards will be presented at the Chamber Luncheon on the first Monday of October.

Nominee's Name: _____

Date of Birth: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Phone Number: _____

E-mail Address: _____

Job Title: _____

Chamber Business Association with: _____

Address of Chamber Member: _____

City: _____ State/Province: _____ Zip: _____

Chamber Member Phone Number: _____

1. How has the nominee gone above and beyond the call of duty for his or her employment position?

2. Tell us about the nominee's involvement in industry-related organizations, including memberships, certifications, leadership roles, and other professional development:

3. Tell us about the nominee's involvement in the _____ community
(membership/leadership in service organizations, clubs, activities, church/school groups):

Name of person making the nomination: _____

Name of Company/Organization Associated with: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Phone Number: _____ E-mail address: _____

Return Official Application by August 16 to:

Washington Area Chamber of Commerce

info@washmo.org

323 W Main Street

Washington, MO 63090