

**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 last Monday of September

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. What sets the nominee apart from other young professionals?

3. What participation, involvement, or leadership roles has the nominee held in their community?

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 23 to:

Washington Area Chamber of Commerce

info@washmo.org

323 W Main Street

Washington, MO 63090