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 OYP Awards will be presented at the Chamber Banquet / Awards Gala in March.

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 ōŜűűŜℕYˆŜyű 2T 2dzℕ 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 **January 16** to:

Washington Area Chamber of Commerce
info@washmo.org

323 W Main Street
Washington, MO 63090