



Local Chapter Community Service Award Nomination Form

This document is an electronic form fillable application. **Type** requested information in yellow form fields.

Chapter Information:

Chapter Name: _____

Names of chapter officers: _____
(President) (Secretary)

_____ (Treasurer) (Vice-President)

Number of members in chapter: _____ Number of national members in chapter: _____

Nominator Information:

Name: _____ APHON Member ID# _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

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1. Describe in detail the community service activity including development of idea and the planning and implementation of the project:

2. How many local chapter members were involved with the project? _____

3. How did the community benefit from the project?

4. Are there plans to continue the project? _____

Submit completed application by May 1, 2009 by uploading it online at www.APHON.org or via email to info@APHON.org. You will receive an e-mail confirmation once your nomination is received. If you do not receive an e-mail confirmation within 3 business days please contact Nicole Wallace via e-mail at nwallace@connect2amc.com.