

KEAFCS HONORARY MEMBERSHIP NOMINATION

Nominee's Name: _____

Address: _____

Phone Number: _____

E-Mail (if known): _____

Nominated by: _____

Phone and E-Mail: _____

Brief statement of why this nominee should receive honorary membership
(This information will be used in the KEAFCS awards program)

Due October 1
To: KEAFCS Vice-President Member Resources