

# CAEA Awards Nomination Form

Please Type or Print

I \_\_\_\_\_ attest that \_\_\_\_\_ on \_\_\_\_\_  
Signature of Nominator Name of Nominee (date)  
is a CAEA member, and I nominate him/her for the following award: \_\_\_\_\_

(Print exact award title: national, national division, regional, regional division, etc.- Prepare 1 packet for each award)

## NOMINEE INFORMATION

Membership Division \_\_\_\_\_ ID # \_\_\_\_\_ Region \_\_\_\_\_

Home Address \_\_\_\_\_  
Street/PO Box City State Zip+4

Current Employer \_\_\_\_\_ Position/Title \_\_\_\_\_

Work Address \_\_\_\_\_  
Street/PO Box City State Zip+4

Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_ Email \_\_\_\_\_

## NOMINATOR INFORMATION

Nominator \_\_\_\_\_  
(Dr., Mr., Mrs., Ms.) Last First M.I.

Home Address \_\_\_\_\_  
Street/PO Box City State Zip+4

Work Address \_\_\_\_\_  
Street/PO Box City State Zip+4

Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_ Email \_\_\_\_\_

**INCLUDE: Letter of Nomination, Two (2) letters to support the nomination, standardized vita, and a quality black and white photograph of nominee for possible publication.**

**Packets over six (6) pages in length will be disqualified. Send to:**

**Angie Willsea  
13085 S Stuart Way  
Parker, CO 80134**

or email to [awards@caea-colorado.org](mailto:awards@caea-colorado.org)

For Office Use:

Membership Verification \_\_\_\_ Region \_\_\_\_ Initials \_\_\_\_ Membership # \_\_\_\_ Expiration Date \_\_\_\_