



# SOUTH CAROLINA PUBLIC RECORDS ASSOCIATION

## NOMINATION FORM FOR MEMBER OF THE YEAR AWARD

Name of Nominee \_\_\_\_\_ Telephone Number \_\_\_\_\_

Employer \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Name and Contact information of individual submitting this nomination:

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Employer \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Describe **briefly** why you feel this individual should receive the Member of the Year Award.

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\_\_\_\_\_  
Signature of Nominator

\_\_\_\_\_  
Date

**Mail application by August 15<sup>th</sup> to:**

**SCPRA Awards Committee Chairman  
P. O. Box 4162  
Florence, SC 29502**