**UCLS**

**Surveyor of the Year Award – Nomination form**

**(Must be received by UCLS Central Office, by the last day of December)**

Your Name or Chapter Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (if submitted by chapter, signature of president) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Member Nominated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe how the member meets the guidelines for this award?

Additional Comments:

Attach additional pages if necessary