CHAPTER:_____ DATE RECEIVED :_____

NYSARC Inc. Established 1949

NOMINATION FORM FOR

MEMORIAL RECOGNITION

ALL INFORMATION IN THIS APPLICATION MUST BE TYPED.
FILL-IN APPLICATION FORMS ARE AVAILABLE ONLINE AT WWW.NYSARC.ORG

Return Deadline:
MAY 5, 2009

Name: _____
Last First Middle

NYSARC, Inc. Chapter:_____

Date of Birth: _____ Date Deceased: _____

NYSARC, Inc. Member for How Many Years? _____

Dates Served as NYSARC, Inc. Board of Governor: _____
(Minimum of 10 years cumulative is required)

Please provide a description of the types of services rendered for and on behalf of NYSARC , Inc by the person being nominated.

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Chapter Board of Director's Comments

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Signature of Board of Governor Making Nomination **DATE**
(Required)

Please Return this Information Form and a clear photograph
by
May 5, 2009

MAIL TO:

NYSARC, Inc.
Scholarship and Awards Committee
393 Delaware Avenue
Delmar, New York 12054
(518) 439.1893

NOTE: ***Nomination forms may be faxed to the NYSARC, Inc. State Office up to the deadline date. However, original nomination forms must be immediately mailed to NYSARC, Inc.***