

ACEC Community Service Award Nomination Form

Name of Nominee: _____

Name of Member Firm: _____

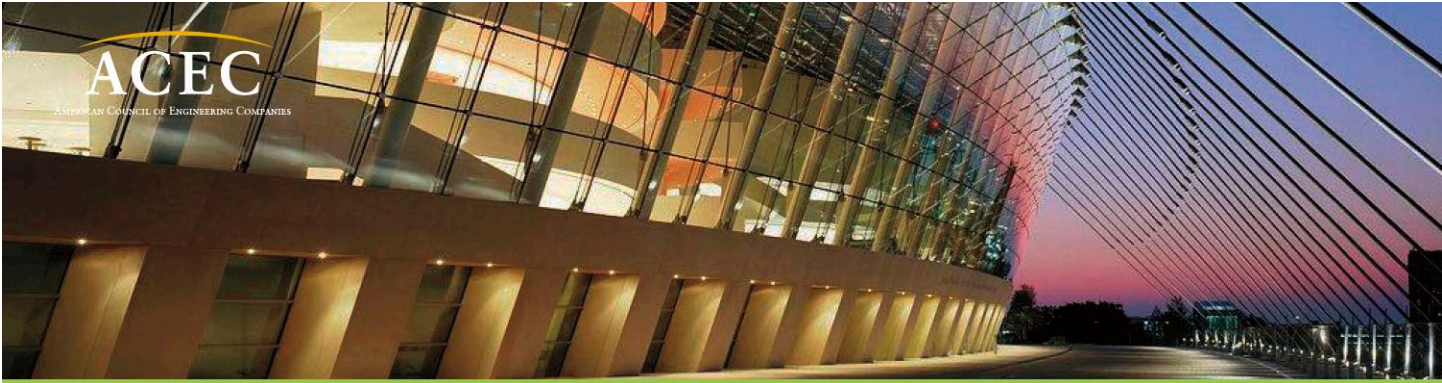
Nominee's Position: _____

Length of Service in Current Firm as Principal/Manager: _____

Firm Address:

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____



Activity in Local, County and/or State Government:

Evidence of Influence on Decision-Making on other than Professional Issues (Does not include professional society service, ex ACEC or NSPE):

Contributions to Quality of Life Enhancement in Community:
