OUTSTANDING LEADERSHIP AWARD

NOMINEE _____

ADDRESS _____

_____

_____

TELEPHONE _____

CONTACT PERSON IF NOMINEE IS DECEASED:

_____

_____

_____

WHAT HAS THIS PERSON DONE TO MAKE OUTSTANDING CONTRIBUTIONS TO COUNCIL 65, HIS/HER LOCAL UNION OR CHAPTER, OR THE LABOR MOVEMENT IN GENERAL FOR THE PRECEDING YEAR (7/1/2018-7/1/2019): (be specific)

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If additional space is needed, please feel free to attach sheets or documents as necessary.

_____

Name of Person Making Nomination

_____

Address

_____

_____

Phone Number

APPLICATION MUST BE SUBMITTED BY SEPTEMBER 15, 2019

3335 West St. Germain Street, Suite 107- St. Cloud, MN 56301