



MSA BOARD OF DIRECTORS

## NOMINATION FOR PETER W. WALSH AWARD

NOMINATION DEADLINE: March 31, \_\_\_\_\_ Date: \_\_\_\_\_

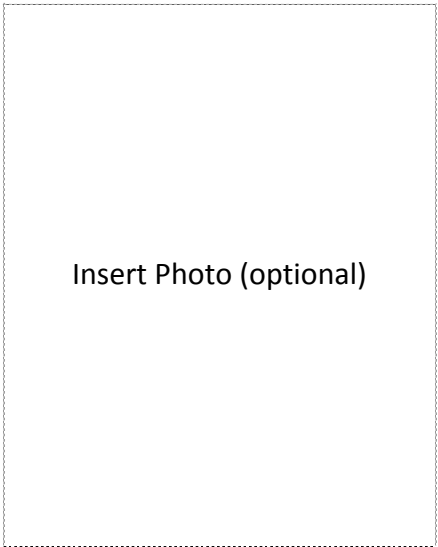
Name of Nominee: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Present Position: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_



Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Member of MSA in good standing: Yes \_\_\_\_\_ No \_\_\_\_\_

### NOMINATED BY:

Chapter: \_\_\_\_\_

Chapter President: \_\_\_\_\_

Past President: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**WORK HISTORY: (Jobs, length of employment, education, awards, achievements, etc.)**

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*Mark this box if more pages are attached for this section.*

**COMMUNITY INVOLVEMENT: (Professional organizations, service clubs, commissions, etc.)**

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*Mark this box if more pages are attached for this section.*

**SERVICE TO CHAPTER: (Length of time, office held, etc.)**

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*Mark this box if more pages are attached for this section.*

**PERSONAL BACKGROUND: (Marital status, children, hobbies, etc.)\***

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***Mark this box if more pages are attached for this section.***

All cover letters and letters of recommendation MUST accompany this Nomination form. One complete copy of Nomination MUST be sent to each member of the Maintenance Superintendents Association Board of Directors by the March 31 DEADLINE.

*\*This section is optional. If an individual feels this is an invasion of privacy, please omit this section.*