



DISTINGUISHED SERVICE AWARD NOMINATION FORM

Date: ___ / ___ / ___

Nominator: _____

Address: _____

City, State, Zip _____

Phone: (____) _____

Fax: (____) _____

E-mail: _____

Nominee: _____

Address: _____

City, State, Zip _____

Phone: (____) _____

E-mail: _____

Year joined NGS (if known): _____

Justification for Award

List specific examples that justify this award. If this nominee has received NGS genealogical awards, please include that information, stating the name of the award, the group conferring the award, and date awarded:

Achievement #1:

Achievement #2:

Achievement #3:
