



Funeral Service Association of Canada / Association des services funéraires du Canada

## Award of Merit - Nomination Form

### NOMINATION INFORMATION

Nominee Full Name:

Nominee Organization:

Nominee Address:

City:

Province:

Postal Code:

Email:

### NOMINATION MOVER INFORMATION

Nomination Mover Name:

Nomination Mover Address:

City:

Province:

Postal Code:

Nomination Mover Email:

Nomination Mover Telephone:

### NOMINATION SECONDER INFORMATION

Nomination Seconder Name:

Nomination Seconder Address:

City:

Province:

Postal Code:

Nomination Seconder Email:

Nomination Seconder Telephone:

Having reviewed the qualification criteria, provide us with an outline detailing why the nominee is an appropriate candidate for the Award of Merit. If you require additional space for writing, please provide a Word document attachment to this nomination form.