



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:

Are you an FSAC Member?

### NOMINATION SECONDER INFORMATION

Nomination Seconder Name:

Nomination Seconder Address:

City:

Province:

Postal Code:

Nomination Seconder Email:

Nomination Seconder Telephone:

Are you an FSAC Member?

After reviewing the qualification criteria, please provide a **detailed** outline explaining why the nominee is an appropriate candidate for the Award of Merit.

***Important: Only the information submitted in response to this criterion will be considered during the evaluation process.***

**Please take the time to be thorough in your response.** If additional space is required, you may attach a separate Word document to this nomination form.

**Please note that an individual submitting a nomination (the mover) may not also act as a seconder for another nominee.**