



NOMINATION FORM – HUMANITARIAN//LIFESAVING

YEAR _____

I/WE _____

DO HEREBY NOMINATE THE FOLLOWING MEMBER, A MEMBER IN FCRV SINCE _____

NAME _____

ADDRESS _____

FOR THE AWARD OF (CHECK ONE) _____ HUMANITARIAN _____ LIFESAVING

Nominees are judged only on the information provided in and with this form.Please be thorough. Use additional pages if necessary. Please do not handwrite the nomination. Thank you.

Reason for nomination:

Approval give by State/Provincial Director (name/date) _____

Return no later than April 15 to Beth Standiford, FCRV Recording & Corresponding Officer, 7 Oakrail Drive,
St. Peters, MO 63376 or by e-mail to fcrvsecretary@gmail.com Thank you.