Outstanding Regional Club or Member Community Service Award

Name of the Club or Member Nominated: _____

Address: _____
Address City State Zip

Club Affiliation if an Individual is Nominated: _____

Nature of the Event: (Narrative statement plus attachments and supportive documents)

_____

_____

_____

_____

Description of Media Coverage if any: Indicate the Extent and Nature of the Coverage. Attach supporting documentation. _____

_____

_____

Local, Regional, and National Recognition: Was the event recognized (received letters of recognition, awards, plaques, letters of appreciation from non-nudist groups, organizations, or elected officials). Please attach copies of supporting evidence. _____

_____

_____

_____

_____

Nomination made by: _____

_____