



Rotary Club of Medicine Hat Special Recognition Award Application form

Please answer all questions completely. Attach to this form all additional pages used to respond to numbered questions 1- 4. Nominators are solely responsible for all content. Applications must go to the Board of Directors through the Membership Committee. Applications approved by directors must be passed by a two-thirds majority of the club's general membership.

Date: _____

Nominee's Full Name

Street Address

Community

Postal code

Phone 1

Phone 2

Yes _____ No _____

Has this person ever been a Rotarian? _____ e-mail _____

Please answer the following questions on separate sheets of paper and attach to this form.

1, In chronological order - oldest to newest -- briefly describe how nominee has contributed to the betterment of his or her community.

2, Describe how these contributions have enhanced the quality of life in Medicine Hat and/or surrounding area.

3, List any additional awards, certificates, and other forms of recognition this nominee has received.

4, List additional outstanding contributions of the nominee that embodies the spirit of Rotary..

What makes this person exceptional? How has this person advanced the quality of life in our community by: building goodwill and understanding; improving the health of the community; supporting education; alleviating poverty; assisting with the development of youth; other.?

Nominators:

Print Name

Sign Name

Address

Phone

Print Name

Sign Name

Address

Phone

Print Name

Sign Name

Address

Phone