



U.S. J.C.I. SENATE FRIENDSHIP AWARD APPLICATION

NOMINATOR INFORMATION

Please **PRINT** clearly in **BLOCK LETTERS**

First Name

Last Name

Address of Nominator

City, State, Zip Code (Postal Zone)

Tel. (Res.):

Tel. (Bus.):

Fax:

Email Address

Senate number :

RECIPIENT'S INFORMATION

Please **PRINT** clearly in **BLOCK LETTERS**

First Name

Last Name

Address of Recipient

City, State, Zip Code (Postal Zone)

HISTORY

Include contributions to State, Region and National USJCI Senate Organizations, meetings attended.
If space is insufficient, please include additional page(s).

APPROVAL

Please ensure that signatures are obtained as requested before submitting application to the U.S.
J.C.I. President.

State

X

Organization

(Signature of State President or designee)

(Date)

Region

X

Organization

(Signature of Regional Vice President or designee)

(Date)