



SOUTHEASTERN ASSOCIATION OF AREA AGENCIES ON AGING

2023 CORPORATE PARTNERSHIP AWARD

NOMINATION FORM

(Public Agency) Nominee's Full Name/Title: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____ Fax Number: _____

Email: _____

(Private Agency) Nominee's Full Name/Title: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____ Fax Number: _____

Email: _____

NARRATIVE ON NOMINEE, including reasons these organizations merits the Award. (Use extra pages as necessary. Limit is three pages; double space, use 12-point font.)

Will a representative for the nominee attend the SE4A Conference? Yes _____ No _____

Name of Sponsoring AAA: _____

Contact Person: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

(Note: Sponsoring AAA will be responsible for facilitating notification & luncheon attendance of award recipient.)

Please return this form no later than May 13, 2023 to Sarajane Melton, Awards Chair.

Sarajane Melton
Southwestern Commission AAA
125 Bonnie Lane
Sylva, NC 28779
sarajane@regiona.org