

APPLICATION FOR
INDUSTRY SERVICE AWARD

GIVEN BY THE
TEXAS ENVIRONMENTAL HEALTH ASSOCIATION

(DEADLINE: 90 DAYS PRIOR TO AEC)

NAME OF NOMINEE: _____

ADDRESS OF NOMINEE: _____

CITY: _____ TEXAS ZIP: _____

TELEPHONE: _____ JOB TITLE: _____

INDUSTRY/BUSINESS: _____ TEHA CHAPTER: _____

YEARS OF SERVICE IN ENVIRONMENTAL HEALTH: _____

YEARS OF MEMBERSHIP IN THE TEXAS ENVIRONMENTAL HEALTH ASSN: _____

PLEASE LIST CONTRIBUTIONS TO THE TEXAS ENVIRONMENTAL HEALTH ASSN:

DO NOT WRITE BELOW THIS LINE

NOMINATION BY CHAPTER _____ NOMINATION BY AWARDS COMMITTEE _____

APPROVAL BY CHAPTER PRESIDENT _____ DATE _____
Signature

APPROVAL BY AWARDS COMMITTEE _____ DATE _____
Signature of Executive Secretary

CERTIFICATE ISSUED _____ DATE _____