



ASSOCIATION OF OLD CROWS

AOC Community Awards -Chapter Flow-UP Awards Nomination Form

2-2 Outstanding Chapter Support Award

Description: The Outstanding Chapter Support Award recognizes outstanding individuals in their support of the Chapter.

Length of Service criteria: Specific Individual Achievement over the previous calendar year or over a longer period of sustained performance

Deadline for submitting nominations is June 30, 2024.

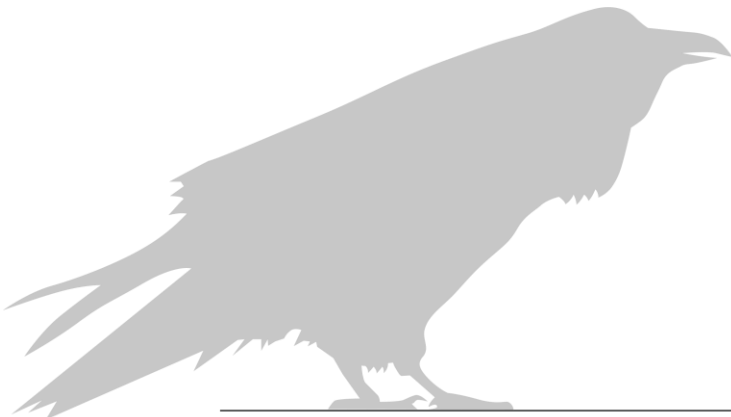
Forms should be submitted to oneilin@crow.org

NOMINEE'S INFORMATION

NAME	<input type="text"/>	AOC Member Number	<input type="text"/>
ADDRESS	<input type="text"/>	AOC Chapter Affiliation	<input type="text"/>
ADDRESS	<input type="text"/>		
CITY	<input type="text"/>	STATE/ ZIPCODE	<input type="text"/>
PHONE	<input type="text"/>	EMAIL	<input type="text"/>

AWARD CRITERIA AND JUSTIFICATION

- Current or outgoing AOC Headquarters Board of Director/Governor members are not eligible.
- Is Nominee a member of the AOC or willing to become a member of the AOC
 YES NO
- If yes. How long has the nominees been a member?





Nominee must meet two or more of the below criteria

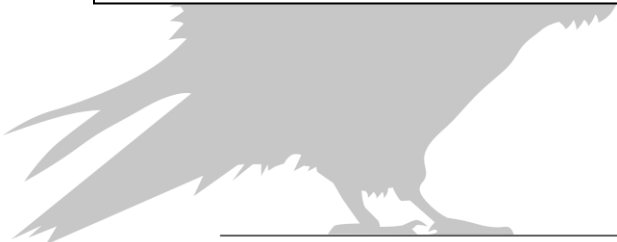
1. Has the nominee assisted with the organization and execution of local chapter events and conferences?
List events below and describe their involvement.

2. Has the nominee served as a member of the board, committee, or activity groups of the Chapter leadership including membership development.? List below and describe the nominee’s involvement. .



3. Describe below how the nominee has increased the communication and outreach of the chapter, e.g. a webmaster, social media coordinator, web support

4. Describe how the nominee has furthered the work and promoted the objectives of AOC and the Chapter in general including volunteer work, fundraising and sponsorship.





5. Anything Additional You Would Like to Add Not Mentioned Above

[Empty rectangular box for additional information]



RECOMMENDED CITATION FOR THE AWARD (No more than 35 words)

NOMINATORS INFORMATION REQUIRED

NAME	<input type="text"/>	AOC Member Number	<input type="text"/>
ADDRESS	<input type="text"/>	AOC Chapter Affiliation	<input type="text"/>
ADDRESS	<input type="text"/>		
CITY	<input type="text"/>	STATE/ ZIPCODE	<input type="text"/>
PHONE	<input type="text"/>	FAX	<input type="text"/>
		EMAIL	<input type="text"/>

REGINAL DIRECTOR

CHAPTER PRESIDENT OR CHAPTE FLOW-UP REPRESENTATIVE

PERSONS OR ORGANIZATIONS TO BE NOTIFIED IF SELECTED

NAME	<input type="text"/>	AOC Member Number	<input type="text"/>
ADDRESS	<input type="text"/>	AOC Chapter Affiliation	<input type="text"/>
ADDRESS	<input type="text"/>		
CITY	<input type="text"/>	STATE/ ZIPCODE	<input type="text"/>
PHONE	<input type="text"/>	FAX	<input type="text"/>
		EMAIL	<input type="text"/>

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CITY	<input type="text"/>	STATE/ ZIPCODE	<input type="text"/>
PHONE	<input type="text"/>	FAX	<input type="text"/>
		EMAIL	<input type="text"/>

Electronic Warfare (EW) | Electromagnetic Spectrum Operations (EMSO)

Cyber-Electromagnetic Activities (CEMA) | Information Operations (IO)

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FOR COMMITTEE USE ONLY

RECEIVED BY

DATE.

