



The premier organization for public sector benefits professionals...

State and Local Government Benefits Association 2011 Jurisdictional Member of the Year Award

Criteria: 1) SALGBA member in good standing for at least three years; 2) Must have attended at least three SALGBA national conferences; 3) Full-time benefits professional for a minimum of three years.

Nominee's Name: _____ Title: _____

Entity: _____

Address: _____

City/State/Zip Code: _____

Email: _____

Is nominee a current member of SALGBA? () Yes () No

Is nominee's organization a current member of SALGBA? () Yes () No

Nominee's employer is (check one):

() City/Town/Municipality () University/College

() County () School District

() State () Other _____

Name/Title of person making nomination: _____

Signature of person making nomination: _____

Entity of person making nomination: _____

DEADLINE for Official Nomination Form to be received: February 1, 2011

**Mail, E-Mail or fax to:
Tina Bowling, Executive Director
PO Box 867, Berea, KY 40403
Fax: 859-623-8694
E-Mail: tina.bowling@salgba.com**

Section I-Professional/Career Experience

Include professional history and a brief current job description. Also list three major professional accomplishments of which the nominee is most proud.

Section II-Benefits Profession -SALGBA

Include benefits profession and community service, activities pertaining to the industry, awards, certification and continuing education.

- a.) **Industry/Community Service:** List any association or organization (with the exception of SALGBA) involvement. Describe as charitable, civic or fundraising. Please define all acronyms.

- b.) **SALGBA Service:** List in order each board and/or committee position held and give dates of service. This section should include awards and recognition received from SALGBA.

- c.) **Awards/Professional Recognition and Significance:** List awards and professional recognition, dates, name of organization and significance given by:
- 1.) The benefits profession
 - 2.) Civic organization
 - 3.) Employing organization

- d.) **Certification/Continuing Professional Education**

- 1.) _____CGBA _____CEBS
 Other _____
- 2.) List by date, attendance at SALGBA National Conferences.

- e.) **Attach Letter(s) of recommendation.**