

Association of Excellence Award Application

Name of Association _____ County _____ Region _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Email _____

Name of Nominator _____ County _____ Region _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Email _____

PLEASE LIST REFERENCES FOR VERIFICATION

Reference 1 – Name: _____ Phone: (____) _____

Reference 2 – Name: _____ Phone: (____) _____

Reference 3 – Name: _____ Phone: (____) _____

What makes this local association the best in Georgia? (Use a separate sheet of paper if needed)

The nominee must be in good standing with AFPAG and their local agency. All applications must be postmarked by February 1, 2018. The honoree will be selected by AFPAG Conference Committee.

The honoree must be present at the awards luncheon. Please mail the application to:

AFPAG Conference
101 Windsor Road
Savannah, Georgia 31419