



2021 NJAD State Conference

Award Nomination Form

- Albert G. Barnabei Memorial Service Award
- Appreciation Certificate
- Distinguished Service Award
- Humanitarian Award
- NJAD Unsung Hero Award
- Special Recognition Certificate

Nomination Information

Full Name of Nominee: _____

Individual

Organization

Name of Organization: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Email Address: _____

Nomination Section

Please use the space below to describe the nominee and his/her contribution relevant to the criteria of the Award that you selected. Describe the service activity performed.

1. What are the major contributions of this person program to the community (or the organization worked for)?
2. Were there any unusual difficulties or circumstances this person program had to overcome?

Please print or type clearly. You may use additional paper.

Nominator Information

All nominators **must be NJAD member** to make this nomination.

Nominator's Full Name (you): _____

Your Email Address: _____

When did you join or renew NJAD member? _____

Nominator's Full Name (other): _____

Your Email Address: _____

When did you join or renew NJAD member? _____

Nominator's Full Name (other): _____

Your Email Address: _____

When did you join or renew NJAD member? _____

This form must be received by postmarked date by **October 1, 2021**.

Mail this completed form to:

**NJAD State Conference
Attn: Award
PO Box 6871
East Brunswick, NJ 08816**

Or go to website and fill the form: deafnjad.org/stateconference