



SOUTH CAROLINA ASSOCIATION OF FIRE CHIEFS

NOMINATION FOR LIFE MEMBERSHIP AWARD

Please review the information which outlines the background and criteria for this award and complete the following form. This form must be completed and returned to:

**South Carolina State Association of Fire Chiefs
Post Office Box 2482
Columbia, South Carolina 29202-2482**

thirty (30) days prior to any quarterly meeting or Annual Conference. All nominations will be evaluated by the Executive Committee and recommended to the membership for their approval. All plaques will be presented at the Annual Conference.

The induction of an individual into Life Membership can be for a variety of reasons. There is no limit to the number of individuals who can be inducted in a year, but the individuals selected are expected to be of the highest quality and clearly worthy of recognition. Individuals nominated must have demonstrated outstanding service to his or her community, to the Association, and to the fire service in general. Individuals nominated must meet the following criteria:

1. The nominee must be retired or have resigned from the South Carolina Fire Service and been an active member of the Association for at least 10 consecutive years.

Or

2. The nominee must be retired or have resigned from the South Carolina Fire Service and been a Past President of the Association.

Please feel free to use additional sheets to answer questions on the application form.

NOMINATION FOR SCSAFC LIFE MEMBERSHIP AWARD

Please feel free to use additional sheets to answer questions on the application form.

NAME OF NOMINEE _____ RANK _____

FIRE DEPARTMENT _____ MEMBER OF THE SCSAFC ? _____

OF YEARS _____ DEPARTMENT'S ADDRESS _____

NAME OF PERSON MAKING NOMINATION _____

FIRE DEPARTMENT _____

DEPARTMENT'S ADDRESS _____

DEPARTMENT'S PHONE NUMBER _____ COUNTY _____

ARE YOU A MEMBER OF THE ASSOCIATION? YES _____ NO _____

FIRE SERVICE EXPERIENCE: List the nominee's fire service experience including length of service, department(s) in which he or she has served, and positions held.

REASON FOR NOMINATION: Provide a brief narrative describing why you believe this individual is worthy of this award. Be specific. Special achievements are of particular importance. You may attach supporting material.

Is the nominee free of characteristics that would discredit the South Carolina State Association of Fire Chiefs?
YES _____ NO _____. If no, please explain.

Did this nominee retire or resign from the fire service under favorable circumstances? YES _____ NO _____

OTHER REFERENCES:

NAME _____ TELEPHONE _____

NAME _____ TELEPHONE _____

I certify that the facts set forth above are accurate and complete to the best of my knowledge.

SIGNATURE

DATE