



NOMINATIONS FOR 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 SCSAFC FOR _____ YEARS

DEPARTMENT ADDRESS _____

NAME OF PERSON MAKING NOMINATION _____

FIRE DEPARTMENT _____

DEPARTMENT ADDRESS _____

DEPARTMENT PHONE NUMBER _____

ARE YOU A MEMBER OF THE SC STATE FIRE CHIEFS ASSOCIATION? YES _____ NO _____

FIRE SERVICE EXPERIENCE: List the nominee's fire service experience including length of service, department(s) in which he/she 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 _____ (Please explain)

DID THIS NOMINEE RETIRE OR RESIGN FROM THE FIRE SERVICE UNDER FAVORABLE CIRCUMSTANCES? YES _____ NO _____

Other References:

Name _____ Phone _____

Name _____ Phone _____

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

Signature

Date