

**Nomination for 'The Paula Foster Service Award'  
"Wind Beneath Our Wings"**

**Please share as much information as possible about the person being nominated focusing on their involvement and service to LSAVC.**

**Date:** \_\_\_\_\_

**Name of Nominee:** \_\_\_\_\_

**Name & address of person (club) submitting nomination:** \_\_\_\_\_

**Local Affiliates Membership (s)/Council Information:**

**Name of Club** \_\_\_\_\_

**Member for how long** \_\_\_\_\_

**Offices/Committees Held** \_\_\_\_\_

**Special Accomplishments** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name of Club** \_\_\_\_\_

**Member how long** \_\_\_\_\_

**Offices/Committees Held** \_\_\_\_\_

**Special Accomplishments** \_\_\_\_\_

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**LSAVC Information:**

**Nominee subscribes to the newsletter?**      Yes \_\_\_\_\_ No \_\_\_\_\_

**Nominee attends convention(s)?**      Yes \_\_\_\_\_ No \_\_\_\_\_

**How many Conventions Attended (if known)** \_\_\_\_\_

**Last Convention Attended (if known)** \_\_\_\_\_

**Offices/committee Held** \_\_\_\_\_

**Special Accomplishments** \_\_\_\_\_

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**AVSA Information:**

**Member for how long:** \_\_\_\_\_

**Life Member** Yes \_\_\_\_\_ No \_\_\_\_\_

**Nominee attends Conventions** Yes \_\_\_\_\_ No \_\_\_\_\_

**How many Conventions Attended (if known)** \_\_\_\_\_

**Last Convention Attended (if known)** \_\_\_\_\_

**Offices/committees Held** \_\_\_\_\_

**Special Accomplishments** \_\_\_\_\_

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**Other Information:**

**Activities promoting local African violet societies** \_\_\_\_\_

\_\_\_\_\_

**Activities promoting LSAVC** \_\_\_\_\_

\_\_\_\_\_

**Activities promoting AVSA** \_\_\_\_\_

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**Brief summary why you believe nominee deserves the "Paula Foster Service Award"**

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**Please return completed form to President, LSAVC by October 1, for nomination to be considered for the next convention.**