



AREA Community Service Award Nomination

For Community Service Accomplishments



Help us recognize people who support their communities...it's the right thing to do!

Use this form to nominate AREA members, Exchange Associates, and their immediate family members for AREA Community Service Awards for their commitment to their communities. You can submit this form any time throughout the year. Mail this completed form to: AREA, P.O. Box 380614, Duncanville, TX 75138-0614, or e-mail it as an attachment to the President at president@aafesretired.org. Nominations for AREA's program can be submitted by any interested person to recognize members and the immediate families of AREA, chapters, AAFES, and assigned military personnel.

Award recipient profiles and/or certificates will be featured in editions of the AREA Newsletter and Exchange Post shortly after certificates are mailed. They will also be posted to the AREA web site. Community Service Award recipients receive a certificate expressing appreciation for the contributions made toward making our communities a better place to live and work. For Exchange Associates: A copy of the AREA letter and certificate are forwarded to the HR Support Center to file in your official personnel folder.

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|---|--|--|-------------|
| Individual/Group Nominated | | Address | |
| Is this a one-time project? | YES-Period From _____ To _____ | NO-Year Started _____ | |
| Details of work done (how, where, why, what) (Use additional sheets if needed) | | | |
| Estimated Number of Hours Spent on Project | Funds Raised to Support Project | Given to | |
| Contributions made other than time | | | |
| Publicity received for this work (attach examples) | | | |
| Awards received for this work (attach examples) | | | |
| Additional Information | | | |
| Submitted by (Print Name) | | Signature | Date |
| Phone Number | | Email Address | |
| Who and where should the award certificate be mailed? | | | |
| Name _____ | | Phone No. _____ | |
| Address _____ | | City/State/Zip _____ | |
| Email address _____ | | | |
| Date Received/AREA Action/Comments | | Approved _____ Disapproved _____ | |
| Community Chairperson | | AREA President | |
| Signature _____ Date _____ | | Signature _____ Date _____ | |