

**CAG DISTINGUISHED MEMBER AWARD
NOMINATION FORM**

| INFORMATION ON CANDIDATE | |
|---------------------------|--------------|
| Name: | Division(s): |
| Address: | |
| Telephone: () | |
| Fax: () | |
| E-mail: | |
| Candidate's Consent: | |
| _____ | |
| (I agree to be nominated) | |

| INFORMATION ON NOMINATOR | |
|--------------------------|--------------|
| Name: | Division(s): |
| Address: | |
| Telephone: () | |
| Fax: () | |
| E-mail: | |

| LETTERS OF SUPPORT (2) | |
|------------------------|------------------------|
| LETTER 1: | LETTER 2: |
| Name: | Name: |
| Address: | Address: |
| Telephone: () | Telephone: () |
| Fax: () | Fax: () |
| E-mail: | E-mail: |
| | |

| NOMINATOR'S CHECKLIST (Please ensure you have included the following): | | |
|--|---|---|
| <input type="checkbox"/> Nomination Form | <input type="checkbox"/> Letters of Support (2) | <input type="checkbox"/> Candidate's Resum  |

Candidate's Name:

REASON FOR NOMINATION

(Please explain why you think this candidate is worthy of this award)

Nominator's Signature:

Canadian Association on Gerontology
222 College St. Suite 106
Toronto, ON M5T 3J1

Tel: (416) 978-7977 Fax: (416) 978-4771
E-Mail: contact@cagacg.ca - Web Site: www.cagacg.ca