

TACLS

MEMBER OF THE YEAR INFORMATION

NAME: _____

ADDRESS: _____

EDUCATION: _____

TELEPHONE NUMBER: Work: () _____ Home: () _____

WORK EXPERIENCE: Position held (date, title, location) _____

PROFESSIONAL EXPERIENCE: (date, position)

DISTRICT

STATE

NATIONAL

OTHER ORGANIZATIONS AND POSITIONS: Service, Volunteer, Educational, etc.

Include a brief statement from the district, 500 words or less, "WHY NOMINEE IS DESERVING OF MEMBER-OF-THE-YEAR". Attach a separate sheet.

TACLS

TACLS Member-of-the-Year Eligibility Requirements:

1. Must have been an active or emeritus member in good standing in this society immediately prior to his/her nomination.
2. Nominations for this honor are made by district societies only, one (1) nominee per district society.
3. The person so honored should be one who represents the high professional standards of our society through voluntary committee work, service to the community in which he/she lives, or any other such action which will bring recognition and/or advancement to the field of Medical Technology.

Return this form to:

TO: Phillip Kostroun, Nomination Chair
1450 Tamarack
Canyon Lake, TX 78133
W: 512-245-2719
H: 830-935-4439
Pk01@swt.edu