

# 15 Year Service Award Application Form

Name of Nominee \_\_\_\_\_

Address of Nominee \_\_\_\_\_

Membership No. \_\_\_\_\_

Present Component \_\_\_\_\_

Present Local \_\_\_\_\_

RECORD IN CHRONOLOGICAL ORDER POSITIONS HELD IN ALLIANCE OVER 15 YEAR PERIOD (BREAKS NOT TO EXCEED THREE MONTHS). IF MORE THAN THREE MONTHS, AN EXPLANATION IS REQUIRED AS PER ITEM 3 OF THE CRITERIA.

PERIOD OF SERVICE FROM	TO	POSITION	LOCAL, COMPONENT, DIRECTLY CHARTERED LOCAL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER INFORMATION (WHERE CLARIFICATION MAY BE NECESSARY)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of person submitting application Title

\_\_\_\_\_  
Verified by on behalf of Component Title  
National Office

\_\_\_\_\_  
Date