

OUTSTANDING CHAPTER MEMBER OF THE YEAR NOMINATION FORM

Every year WOVI women are recognized for outstanding contributions to their chapter and to the organization. To honor an outstanding chapter *MEMBER*, please complete the form below. This is an incredible opportunity to nominate a woman in your chapter who attends regularly, is involved in chapter activities, and seeks to fulfill the mission, vision, and values of WOVI, Inc. Additional comments may be added to further support your nomination.

DEADLINE FOR SUBMITTING THE NOMINATION FORM IS SEPTEMBER 20

	Nominee	Nominator
Name:		
Chapter Affiliation:		
Email:		
Phone Number:		
Thi	s portion to be completed by the Chap	ter Leadership
Nominee attendance?		
Guests brought?		
Dues paid?		
Members sponsored?		
Other Participation: Confe	rence, Leadership Summit, LeadersRi	ings, Special Events?
-	00 words or less, please provide a resp atomatically add additional sheets as need	onse to the items listed below. You may ded.
□ Why are you nominating□ How does the nominee ser	this WOVI member? we the chapter and actively promote t	he WOVI mission, vision and values?