



Service League of Green Bay

ASSOCIATE OF THE YEAR NOMINATION FORM

Please fill in the information below as it pertains to the Associate you would like to nominate.

Submit your form by October 1st to: Service League of Green Bay
PO Box 372
Green Bay, WI 54305

Nominee Name: _____

Service League Active From: _____ to _____

How did the Nominee spend their time in SL? What Committees or Positions held?

What community volunteer work has the Nominee been involved in since becoming an Associate?

Why are you nominating this woman for Associate of the Year?