

Service Officer of the Year OK Federation Contact Form



Chapter Service Officer: _____
First MI Last

Chapter Name & Number: _____

Chapter President: _____
(Or Chapter Representative) First MI Last

 Mailing Address City ST Zip Code

 Home Telephone Cell Telephone Email Address

	<u>Date</u>	<u>Assisted Who</u> ¹	<u>With What</u> ²
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Use as many copies as deemed necessary to complete your nomination.

¹If assisting a Family of a Deceased Member *PLEASE* note that Member's name. If doing an Educational Session or Training for the Chapter *PLEASE* note with Chapter & Number in Attendance.

²List the issue or activity SO is assisting with; if doing an educational session or informative report regarding SO topics of concern *PLEASE* list the topic(s)/subject(s) covered.

Please include this document or something with this information and a narrative of your nominee per the instructions on back. Send documents together to Federation President when requested in November.

This is NOT required but very helpful.