



SCHOOL NUTRITION ASSOCIATION OF ARIZONA INDIVIDUAL INDUSTRY MEMBER OF THE YEAR 2010 NOMINATION PACKET

This award is the highest honor School Nutrition Association of Arizona (SNAAZ) bestows upon any individual industry member of SNAAZ, who has demonstrated outstanding support and made significant contributions to the child nutrition industry. The 2010 Individual Industry Member of the Year Award will be recognized and receive the award during SNAAZ's Annual Fall Conference.

To help the committee evaluate candidates for this award, please respond to the questions in this Nomination Packet. Only completed packets, with an original signature, will be considered. All information provided, must be accurate and the industry member must be employed by a company engaged in providing services and/or sales to the child nutrition industry and SNAAZ members at the time of nomination and award.

NOTE: All submissions become the property of SNAAZ and will not be returned.

**COMPLETED NOMINATION PACKET MUST BE POSTMARKED PRIOR TO
DEADLINE OR RECEIVED PRIOR TO DEADLINE**
LATE APPLICATIONS WILL NOT BE ACCEPTED
2010 DEADLINE - August 16th, 2010

- ❖ Your signed, completed Nomination Packet must be forwarded to SNAAZ in the following method:
- ❖ Mail to Cathy Wylet, SNAAZ, 14410 N. 10th Pl., Phoenix AZ 85022 – 602-375-7731
- ❖ Fax to Cathy Wylet, 602-375-1141
- ❖ Application can be obtained by email, contact wyletca@cox.net

Please provide your information below as the person submitting this nomination for the award. Only current SNAAZ members may submit an application.

NAME: _____

CHAPTER: _____

ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

PHONE: _____ E-MAIL: _____

SNA Member ID of person submitting packet: _____

Signature: _____

2010 SNA of AZ INDIVIDUAL INDUSTRY MEMBER OF THE YEAR

In order to be eligible for this award, Industry Members must have been a member of SNA**AZ** for the past three consecutive years.

Please provide nominee's current information below. If this company represents less than three years of employment provide additional company information below:

WORK INFORMATION

Employer/Company Name _____

Title: _____

Responsibilities: _____

Additional Work experience listed if above is less than three years.

Nominee must be a member of SNA**AZ** Note: membership data will be verified by SNA**AZ**

**ONE ADDITIONAL BLANK PAGE MAY BE ATTACHED TO THE
BACK OF THIS APPLICATION IF NEEDED.**

