

## BCWWA Award Nomination Form

### 5S Award - Select Society of Sanitary Sludge Shovellers

*One nomination per form.*

**DEADLINE: March 30, 2017**

*Induction into the 5 S Society is a high honour. Membership is bestowed on the basis of merit by ones peers.*

#### The goals of the Select Society are:

- to encourage Association members to get involved and stay involved, and
- to recognize an individual's long and valuable service to the Association.

All nominees must be fully deserving of this honour, on the basis of continued support of the BCWWA, and its activities.

#### Criteria for award selection:

- The individual has contributed substantial time and effort to BCWWA over time.
- Is a current member of BCWWA, in good standing.
- Has contributed actively and continuously to the BCWWA over at least the past 5 years through activities such as: (a) presenting papers, (b) organizing or assisting in organizing BCWWA activities; and (c) taking an active role on one or more BCWWA committees.
- Has undertaken activities in the spirit of service, rather than self seeking motives.
- Has not received another formal BCWWA, AWWA, or WEF award in the past 3 years.

#### Nominee information:

Name:

Representing:

Address:

Title:

City / Province:

Phone:

Membership: BCWWA office to complete

Email:



**Nominee's background and accomplishments:**

These are the details of involvement in BCWWA - (a) presenting papers, (b) organizing or assisting in organizing BCWWA activities; and (c) taking an active role on one or more BCWWA committees.

Please include as much detail as possible and when this occurred.

How does this nominee meet the award criteria? (refer to criteria listed above) – Why should this individual be honoured with this induction?

Please provide any additional information you feel is important in considering this individual:



Additional information will be submitted with this nomination:  Yes  No

Please list any information submitted.

**Nominator information:**

Name:

Company:

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Address:

Title:

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Phone:

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City / Province:

Email:

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Seconded by:

Phone/Email:

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