

**Elks Drug Awareness Program
Enrique S. Camarena Award
Nomination Form**



THIS FORM SHOULD BE RETURNED TO STATE CHAIRMAN

NOMINEE: _____

TITLE: _____

ADDRESS: _____

WORK TELEPHONE: _____

HOME TELEPHONE: _____

NOMINEE'S EMPLOYER/AGENCY: _____

IMMEDIATE SUPERVISOR: _____

SPONSORED BY LODGE NAME & NUMBER:

Nomination form should be accompanied by letters of support for the nominee, providing reasons why nominee would be a good selection and what they have done to deserve recognition.

THIS FORM, ALONG WITH SUPPORTING DOCUMENTATION MUST BE RETURNED TO STATE DRUG AWARENESS CHAIRMAN