



WAYNE COUNTY AREA CHAMBER OF COMMERCE Annual Awards Nomination Form

Date _____

Name of Nominee (Individual, Firm or Organization) _____

Nominee Contact Person (if Firm or Organization) _____

CATEGORY OF NOMINATION:

- o Champion of Diversity

Please give a brief description of the eligibility and accomplishments of the nominee for the award specified above. Attach additional pages as needed.

Person nominating _____ Phone _____
(if other than nominee above)

Signature _____ Date _____

Please return your nominations by November 5, 2021. Thank you.

Please send your information to:
WAYNE COUNTY AREA CHAMBER OF COMMERCE
33 South 7th Street, Suite 2, Richmond, IN 47374
Lynnette@wcareachamber.org