Nomination Form for Excellence in Member Service Award

Date: _____

Nominee's (Employee's) Name: _____

Nominated by: _____

Membership Number: _____

Please describe the exceptional service the Nominee gave or reason why you have nominated this employee. Please be detailed and provide specific facts, dates, etc.

I certify that I am not a personal friend or relative of the above nominee:

_____
Signature of Member submitting Nomination

Please send completed form to:
Suzanne Catraio, VP Marketing
Southern Mass Credit Union
123 Alden Rd
Fairhaven, MA 02719

Deadline: February 15, 2019