Service Through Friendship Award Nomination & Application Form

Name of IPA Member Nominated _____IPA #_____
Address of Nominee_____
Region of Nominee_____Phone # of Nominee_____
Nominee Email_____
Name of IPA Member Nominating This Individual _____
Region of Nominating Person _____IPA #_____
Address of Nominating Person _____
Phone Number of Nominating Person _____Email_____
Reason For Nominating This Individual (please tell us in detail why this person deserves the Service Through Friendship Award. Use back of form if necessary. **Must be received by September 5**.)

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Mail to: IPA Award Committee, PO Box 3406, Farmingdale, NY 11735