

SCCFA

NOMINATION FOR LIFETIME ACHIEVEMENT AWARD

Name of Applicant for Nomination: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Years served in the death care profession: _____

Years active in the SCCFA: _____

In a short summary tell us why you are presenting this person for nomination:
(you may use additional pages if necessary)

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Submitted by: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please submit completed nomination form to:

SCCFA Office

PO Box 681053

Marietta, GA 30068

Or Email to [sccfa.office@gmail.com](mailto:sccfa.office@gmail.com)