



CITATION OF MERIT NOMINATION FORM

Submit form to:

New York State Turfgrass Association, PO Box 612, Latham, NY 12110

Nominee's Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

General Summary of Qualifications: _____

Please attach a statement of the nominee's record of achievements highlighting the individual's leadership and service to the turfgrass industry in New York State.

Submitted by: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____