

### LOCAL LEADER OF THE YEAR AWARD QUALIFICATIONS

To be eligible for this award, a nominee must be a current NAIFA member in good standing. They must demonstrate contributions to NAIFA-Texas, including Local Chapter and/or Affiliate leadership involvement and positively impact the insurance and financial services industry.

### INDIVIDUAL SUBMITTING THE NOMINATION

To be eligible to nominate an individual for this award, you must be a current member of NAIFA-Texas that is in good standing.

\* = Required

Name (individual submitting the nomination): \*

Title(s) and Designation(s): \*

Company/Organization: \*

Address: \*

Street Address

Apt/Suite

Phone Number: \*

City, State, Zip Code

Email: \*

#### NOMINEE INFORMATION

\* = Required

Name (nominee): *		
Title(s) and Designation(s): *	Company/Organization: *	
Address: *		
Street Address		
Apt/Suite	City, State, Zip Code	
Phone Number: *	Email: *	
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Years of Experience: *		

### NAIFA LEADERSHIP EXPERIENCE

Please list the nominee's leadership experience and involvement within NAIFA

\* = Required

Local Chapter or Affiliate Level: \*

State Chapter Level: \*

National Level: \*

Leadership in Life Institute (LILI): \*

Graduated Currently Enrolled N/A

### ADVOCACY INVOLVEMENT

This section refers to this calendar year

IFAPAC Contribution Level:

Participated in one or more meetings with local legislators:

Yes

No

Attended the State Legislative Day:

Yes

No

Maintains Grassroots Key Contact(s):

Select all that apply

Local Level

State Level

Federal Level

N/A

Other political involvement:

#### NAIFA MEMBERSHIP

This section refers to this calendar year

Number of NAIFA members recruited this calendar year:

Lifetime number of NAIFA members recruited:

Other membership activities and accomplishments:

Please describe the nominee's involvement outside of NAIFA (i.e. charities, local entities, etc.):

Additional comments about the nominee's qualifications and why they should be considered for this award:

#### SIGNATURE:

Individual submitting the nomination

DATE:

#### THANK YOU FOR YOUR NOMINATION

Please submit completed nomination forms to <a href="mailto:support@naifa-texas.org">support@naifa-texas.org</a>