

HONORARY LIFE MEMBERSHIP AWARD

APPLICATION

(Nominee must be a member of the Illinois State Genealogical Society)

Name of nominee: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone: _____ email: _____

Is he/she a member of the Illinois State Genealogical Society? _____

Contributions to the ISGS: _____

Persons endorsing the nominee (must be aware of the nominee's contributions to the ISGS)

Names of endorsing persons

Addresses of endorsing persons

Phone Numbers

(The number of persons endorsing the nominee(s) is not a factor in any decision determining the selection.
The final decision rests with the ISGS Board.)

(Additional information may be added to this sheet or additional pages may be attached)

Mail to: Illinois State Genealogy Society Office
Honors & Awards Committee
P.O. Box 10195
Springfield, IL 62791-0195