

**GO BOLD**

LeadingAge Minnesota

**2018 Lifetime Honorary Membership**

Nomination Form

LeadingAge™  
Minnesota

**CANDIDATE INFORMATION:**

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**LEADERSHIP/ACTIVITIES IN LEADINGAGE MINNESOTA** (Describe in detail the candidate's leadership in and contributions to the success of LeadingAge Minnesota. Include offices held at regional or state levels, committee work.):

**LEADERSHIP ACTIVITIES/CONTRIBUTIONS TO THE FIELD OF AGING SERVICES**

(Describe in detail the candidate's contributions to the field of aging services, e.g. length of career, areas of special focus along the continuum, ways in which the candidate reflects the values of LeadingAge Minnesota.):

HAS CANDIDATE BEEN INFORMED OF THIS NOMINATION? Yes  No

**NOMINATED BY:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please send/fax this form by **Friday, August 10, 2018** to:

LeadingAge Minnesota Nominating Committee | Attn: Nancy Garrett  
2550 University Avenue West, Suite 350S | St. Paul, MN 55114-1900  
Or E-mail: [ngarrett@leadingagemn.org](mailto:ngarrett@leadingagemn.org)