FOUNDERS AWARD – NOMINATION FORM

This form must be completed for all nominees of the Founder’s Award. Return to NALA no later than April 1.

Email: nalanet@nala.org, Fax: 918.582.6772, or Mail: NALA, 7666 E. 61st Street, Suite 315, Tulsa, OK 74133

Purpose: To recognize extraordinary or outstanding contributions to the growth and future of the paralegal profession which impacted or affected the paralegal profession in a positive manner for a significant period of time.

Eligibility for Nomination: Individual or organization. Does not have to be a NALA member. (Current NALA board of directors and committee members are not eligible)

- Who can nominate: NALA Active type member in good standing
- Deadline to submit nomination: April 1
- Award benefits: Recognition during Annual Membership Meeting at Conference. Travel expenses paid by NALA - per diem (2 days), 1-night hotel, round-trip coach airfare, and Day 1 registration fee.

Judging Criteria:

- Must have played a significant part in creating, developing and/or promoting an important and distinctive writing or program which positively impacted the paralegal profession nationwide for not less than 3 years. Former recipients include past presidents, law firms that have supported the paralegal profession, and long-time NALA staff members.

NOMINEE INFORMATION:

Name: ______________________________________________________
Address: ______________________________________________________
Phone: _______________________________________________________________________
Email: _______________________________________________________________________
Employer: ______________________________________________________
Address: ______________________________________________________________________

EXTRAORDINARY OR OUTSTANDING QUALIFYING ACHIEVEMENT: (Attach separate sheets if necessary)
________________________________________________________________________________
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AFFIRMATION:

I hereby nominate ____________________________ for consideration as a recipient of the Founder’s Award.

Signature of NALA Member ____________________________ Date ____________________________

Printed name of NALA Member ____________________________ Email ____________________________

Address ____________________________ Phone ____________________________