



# Jack and Jill of America, Incorporated

## Distinguished Associate Award

The purpose of this form is to nominate an Associate for Recognition. Please submit to the Regional Director AND the Regional Associate Chair by May 31<sup>st</sup>.

**Criteria:**

1. The Associate must have made a significant contribution to your chapter.
2. The Associate must have met all the financial and other bylaw requirements of the organization.
3. One entry per chapter.
4. First-time recipient preferable but not mandatory.

Associate Group/Chapter	State	Region	Date (mm/dd/yy)
Associate Group/Chapter President		Home Phone	
Mailing Address		Zip	
Nominee			
Family			

**Please complete** *(attach additional sheets if necessary):*

Jack and Jill Offices and Committee positions held as an Associate:

Summary of why she was elected:

**Signature**

Name/Title	Date
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