

Nomination for the 2016 Insurance Bureau of Canada Community Award in Memory of Mary Knowles

Nominator

Name of nominator: _____
Position _____
Newspaper _____
Address _____
Town / Postal Code _____
Telephone/Fax/E-mail _____

Nominee

Name of Nominee _____
Position _____
Newspaper _____
Town / Postal Code _____
Length of employment at newspaper _____

Supporting Information

PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE
Use separate sheets to provide the following information.

1. Involvement in community (types, length, etc.). Be specific on timelines:
 - a) Personal involvement:
 - b) Work-related involvement:
2. Involvement at newspaper.
3. Tell us about the nominee.
4. Attach résumé of nominee if possible.

Judges look for information that is thorough. You may provide any back up material necessary to show the scope/depth of community involvement.

Authorization

Please submit your completed nomination package by March 3, 2017 by
e-mail to k.gorven@ocna.org,
or mail to OCNA, 37 Front Street E, Ste 200, Toronto, ON M5E 1B3.

I, the above named nominee, acknowledge the release of my personal information contained in this form and nomination for the purposes of the Mary Knowles Award.

Signature _____ Date _____

To view the full PIPEDA policy, please e-mail info@ocna.org or call 416-923-7724 ext. 4439.