

AFTE MEMBER OF THE YEAR AWARD

Recommending Member Information

Name:

Address:

Phone:

AFTE Membership Status:

E-mail address:

Recommended Member Information

Name:

Address:

Phone:

AFTE Membership Status:

e-mail address:

Contributions: *Please provide specific details of the individual's contribution to AFTE. Be specific regarding service to the organization, titles and references of papers and specific seminars at which presentations/workshops have been provided. Any additional documentation, such as a curriculum vita of the individual may also be included.*