



Please return this form to:
PWSA of WI, Inc.
PO Box 324
Menasha, WI 54952
progdir@pwsaofwi.org

Junior Advisory Board Member Nomination Form

Date _____

I wish to nominate the following individual for the Junior Advisory Board:

Name _____

Name of parent/guardian: _____

Home Address _____

City _____ State _____ Zip Code _____

Phone Number _____ E-mail _____

Age (if known) _____

This nomination is submitted by:

Name _____

Home Address _____

City _____ State _____ Zip Code _____

Phone Number _____ E-mail _____

Relationship to nominee _____

Why do you think the nominee should be considered for the PWSA-WI Junior Advisory Board?