Canadian Mental Health Association
Alberta
*Mental health for all*

**CANADIAN MENTAL HEALTH ASSOCIATION**
**ALBERTA DIVISION**

## COMMUNICATIONS AWARD NOMINATION FORM

## AWARD DESCRIPTION

Created to honour those representatives in the media who have made outstanding contributions to the coverage of mental health issues and/or shown regular and continuous interest in promoting the Association's goals and objectives and/or given special assistance in promotion of special events such as Mental Health Week.

A candidate may be recommended by each Region, or a community member

NOMINEE'S NAME: _____

PHONE: (H) _____ (W)
_____

ADDRESS: _____

_____

EMAIL ADDRESS _____

AREAS OF CMHA INVOLVEMENT: _____

_____

_____

RATIONALE FOR NOMINATION

Specific accomplishments, number of activities, the manner in which activities were performed, the range of activities and the extent to which the activities had a significant impact at the Division, Regional, or commuity level:

_____

_____

_____

_____

_____

_____

_____

NOMINATOR'S NAME:

_____

POSITION:

_____

PHONE: (H) _____ (W)

_____

ADDRESS: _____

_____ EMAIL ADDRESS _____

SIGNATURE: _____

Return this form to the Division Awards Work Group, CMHA Alberta Division, 320 Ledgeview Business Centre, 9707 - 110 Street NW, Edmonton, AB T5K 2L9; Fax: 780-482-6348; Email: jturowski@cmha.ab.ca