



# Friends of Presqu'ile Park Life Membership Award Nomination

## Nominated Person Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *Prov* *Postal Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

FOPP Member? YES  NO  If yes, for how long?

FOPP Volunteer? YES  NO  If yes, for how long?

Comments: \_\_\_\_\_  
\_\_\_\_\_

## Name of Proposers (Two required)

Full Name: \_\_\_\_\_ Member: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Member: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit the completed form to:

The Friends of Presqu'ile Park

PO Box 1442

Brighton, ON. K0K 1H0