

# New York State Turfgrass Association Citation of Merit Nomination Form

***Nominations must be submitted by September 1, to:  
NYSTA, PO Box 612, Latham, NY 12110***

Nominee's Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

General Summary of Qualifications \_\_\_\_\_

\_\_\_\_\_

*Please attach a statement of the nominee's record of achievements highlighting the individual's leadership and service to the turfgrass industry in New York State.*

Submitted by \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_