

## **Honorary Member Nomination Form**

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

Name of Nominee: \_\_\_\_\_

Nominee Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Member making nomination: \_\_\_\_\_

### **Article III Members**

B. Honorary Membership: Shall be comprised of individuals recognized by the Association for exceptional service or contribution to the Association, political subdivision or the law enforcement community. Honorary members do not have a vote in the Association and they pay no dues.

Please state below your reason for the nomination outlining the reason(s) the nominee has qualified as an honorary member of the APROA.

---

---

---

---

---

---

---

---

---

---

Add paper if needed