ASSOCIATION OF CHRISTIAN LIBRARIANS
Honorary Lifetime Service Nomination Form

Person making nomination

Name: ___________________________ Date: ________________
Address: ___________________________ Email: ________________

Office Phone: ____________________ Fax: __________________

Person being nominated

Name: ___________________________ Email: ________________
Address: ___________________________

Office Phone: ____________________ Fax: __________________

When is this individual retiring from full-time library work?

Why are you nominating this individual?

What significant contribution has this individual made to the advancement of the Association of Christian Librarians?

What significant contribution has this individual made towards Christian librarianship?

Who do you recommend we contact as references for this nomination?