Illinois Firefighters' Association

Firefighter of the Year

"Nomination Form"

Qualifications Required: Fire Department must be current IFA Member

Date:_____

I wish to nominate_____ of the_____

Fire Department. Department address:_____

Fire Service Occupation or Rank: _____Years of Service:_____

Please list and explain the major contributions the nominee has made to the fire department. Use a second sheet if necessary.

Member of Organization making nomination: _____

Phone #: _____ Signed:_____

All nominations must be received by July 31st

Award will be presented at the IFA Down and Dirty Weekend.

Please return the completed form to:

Curtis Miller
3011 Dalmation Rd
Pinckneyville IL 62274
618-237-0900