



# TEXAS ASSOCIATION OF HEALTH UNDERWRITERS

## SPECIAL SERVICE AWARD

(Outstanding Service to the Local Association)

(For timeframe 01-01-09 to 12-31-09)

Presented to members who have contributed significantly above and beyond what is normally called for in connection with local association volunteer service. This includes areas of service not awarded under a specific category such as your local Treasurer, Secretary, Vice President, Past President, Awards chair, etc.

Nominee's Name: \_\_\_\_\_ Chapter: \_\_\_\_\_

Attach Letter With Details of 2009 Accomplishments.

### Informational Profile:

1. Years as an Association Member: \_\_\_\_\_

2. Is he/she an active TAHU member? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Local, State, Regional and/or National levels of service – past and current.

List Local positions and years served

List State positions and Years Served

List Regional positions and years served

List National positions and years served

(Please attach separate sheet with nominees name at top and listings requested)

4. Public Service and community activities (ie., church, rotary, service organizations):

\_\_\_\_\_  
\_\_\_\_\_

5. List professional industry designations received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. List if nominee is a past or current LPRT award winner. If so, what level and the years qualified:

\_\_\_\_\_

7. Triple Crown Award Winner? If so, list years they qualified:

\_\_\_\_\_

8. TAHUPAC Contributor? If so, list years they qualified:

\_\_\_\_\_

9. Miscellaneous. (Consideration will be given for additional information you feel qualifies this person for this award):

\_\_\_\_\_  
\_\_\_\_\_

Please attach any supporting information.

Nominator's Information:

Name (Print) \_\_\_\_\_ Chapter \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Return form to:**

**Luann Yarberry**

**1300 10<sup>th</sup> Street (zip 76301)**

**PO Box 1071**

**Wichita Falls, Texas 76307**

**Must be received no later than February 8, 2010**

For questions regarding completion of this form or other TAHU award matters, please contact Luann Yarberry, TAHU Awards Chair at 940-723-0771 or [luanny@atmdinsurance.com](mailto:luanny@atmdinsurance.com).

Applications must be RECEIVED no later than the close of business on the due date regardless of method of delivery. Exceptions to the submission deadline MAY be approved with TAHU board approval.

Faxed or hand delivered submissions will NOT be accepted.

A copy of the submission form must accompany all submissions with points/narrative written on the submission form. Submission form should NOT be changed, retyped or reformatted. If additional space is needed, extra sheets should be attached and numbered to correspond to submission form. Packets received without applications forms/score sheets will not be considered.

*Awards Committee use only:*

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

Reviewed by \_\_\_\_\_  
(Initials) (Initials) (Initials)