



# TEXAS ASSOCIATION OF HEALTH UNDERWRITERS

## VOLUNTEER OF THE YEAR

(Outstanding Service To The State, Regional or National Associations)  
(For timeframe 01-01-09 to 12-31-09)

*The nominee for this award should be an individual member who volunteers numerous hours to the association through dedicated service at the state, regional or national level.*

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

**Attach letter with details of 2009 accomplishments. Please attach all supporting documentation.**

### Informational Profile:

1. Years in the insurance industry: \_\_\_\_\_

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

3. Credentials. List earned designations, special education, etc.:

\_\_\_\_\_

4. Past positions held in Local, State, or other organizations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Outline of State and/or Local Association accomplishments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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

<b>Must be received no later than February 8, 2010</b>
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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)