

**2021 VIRGINIA FUNERAL SUPPLIER OF THE YEAR AWARD
NOMINATIONS FORM**

A special award bestowed upon a VFSA member, recognizing his/her professional skills and talents displayed through involvement at the local, state and national level. This award is an honor, above all others, presented to the funeral supplier by his/her peers, citing expert leadership and professional integrity displayed within the funeral service profession. Our nominee should be a funeral supplier who has served within the Virginia Funeral Sales Association, in various capacities. This individual should have displayed a dedicated spirit in the name of funeral service sales, for the collective good of our VFDA and VFSA Memberships and possess forethought for our future advancement. The nominee should be an affiliate member in good standing with the VFSA.

**** Award recipients and their guests must be registered for the Banquet installation of officers and awards ceremony on Monday, June 14th****

Name of Nominee: _____

Company Name: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____ **Fax:** _____

E-mail Address: _____

Achievements and Contributions:

- A. **Spirit of Service:** (20%) Faithfulness to principles of service, funeral law and regulations and the Code of Ethics. Efforts to encourage good practice among other funeral suppliers, other members of the profession, time spent with the general public, explaining all aspects of the Funeral Service Profession.

- B. **Activity in Civic Affairs:** (25%) Local, state and national participation in civic, community service, religious, charitable, volunteer, fraternal, or political groups.

C. **Activity in District Associations:** (20%) Membership, offices held, seminar activity, special assignments, etc.

D. **Activity in VFDA and VFSA:** (30%) Membership, offices held, committee work, seminar activity, special assignments, legislative affairs, convention participation.

E. **Activity in NFDA:** (5%) Membership, offices held, committee work, seminar activity, special assignments, legislative affairs, convention participation.

Present Business Affiliation:

Company Name: _____

When Company Founded: _____

How Long Affiliated With the Company: _____

Title: _____

Date of Licensure (if applicable): _____

Other Comments:

Nominated by (Name): _____

Firm/Company Name: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____ **Fax:** _____

E-mail: _____

**Return form to: VFSA, P.O. Box 395, Hanover, VA 23069, info@vfsa.net or
Fax (804) 264-3260 **Deadline to receive nominations is May 24, 2021****