# Nomination Form

### North Carolina Chapter, American College of Physicians

## 2016 Volunteerism and Community Service Award

**Nominees must be members of the NC,ACP.**

**For the NC,ACP Volunteerism and Community Service Award, I place into nomination:**

 **Name:**

 **Address:**

 **City: State: Zip:**

 **Phone: Fax:**

 **Email:**

**Remarks on the nominee:**

**Submitted by: Name:**

 **Address:**

 **City/State/Zip:**

 **Phone: Fax:**

 **Email:**

**This form must be received by January 22**

**Send to:**

**NC,ACP, Attention: Nancy Lowe, CMP**

**PO Box 27167**

**Raleigh, NC 27611**

**FAX: (919) 833-2023**

**Email:** **nlowe@ncmedsoc.org**