

New York State Turfgrass Association Citation of Merit Nomination Form

***Nominations must be submitted by September 1, to:
NYSTA, PO Box 612, Latham, NY 12110***

Nominee's Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____

General Summary of Qualifications _____

Please attach a statement of the nominee's record of achievements highlighting the individual's leadership and service to the turfgrass industry in New York State.

Submitted by _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____