Photographic Society of America
PSA Society Recognition Awards Committee Proposal Form

All Proposers of candidates for a Society Recognition Award shall follow this format when presenting candidate. The proposal shall be a maximum of four pages (two from the proposer and one each from the endorsers), typed or hand-printed (type font no smaller than 10-point type). Mail the entire package to the Chairman of the SRA Committee upon completion. **Deadline: April 1.**

Name of Award: **Scales Award for Long Term Service to PSA**

On Behalf of_____

Candidate's Address_____

_____

Candidate's Email_____

Proposer's Name_____

Address_____

_____

Proposer's Email_____Telephone_____

First Endorser's Name_____

First Endorser's Address_____

_____

First Endorser's Email_____Telephone_____

Second Endorser's Name_____

Second Endorser's Address_____

_____

Second Endorser's Email_____Telephone_____

2 SCALES AWARD FOR LONG TERM SERVICE TO PSA

Purpose – The **Scales Award for Long Term Service to PSA** is presented annually to a person who has provided long service to PSA and to photography.

Eligibility Requirements – The **Scales Award for Long Term Service to PSA** is given to any PSA member with a record of long and continuing service to the Society. This can include involvement in activities such as judging, lecturing, writing; serving as a Division Officer and/or Director; service on PSA standing committees; and demonstrating leadership in a number of levels of PSA such as Membership Volunteers and Chapters

Candidate's Name_____

Proposer's Name_____

Proposer's Statement:

Your name here confirms, from your own knowledge, the pertinent facts submitted as evidence of the worthiness of the candidate.

Proposer's Name_____ Date_____

Purpose – The **Scales Award for Long Term Service to PSA** is presented annually to a person who has provided long service to PSA and to photography.

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Candidate's Name_____

1st Endorser's Name_____

1st Endorser's Statement:

Your name here confirms, from your own knowledge, the worthiness of the candidate.

Endorser's Name_____Date_____

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Candidate's Name_____

2nd Endorser's Name_____

2nd Endorser's Statement:

Your name here confirms, from your own knowledge, the worthiness of the candidate.

Endorser's Name_____Date_____