



CRITERIA AND RULES FOR THE BERNICE B. HEFFNER WOMEN'S ACHIEVEMENT AWARD

CRITERIA

1. The woman nominee must exhibit outstanding leadership and action in promoting AFGE goals on issues affecting women.
2. The nominee must be a member in good standing.
3. This demonstrated outstanding service must have occurred within the past three years.
4. District Coordinators, National Officers, National Vice-President and Emeritus Officers are not eligible for nomination.

RULES

1. The nomination must be made by an AFGE member, local, council, District Coordinator, and/or National Vice-President.
2. The nominating member, local, council, District Coordinator, and/or National Vice-President must be a member of an AFGE Local whose per capita tax is paid to date.
3. The nomination form must be postmarked no later than **May 8, 2015**.
4. The nomination form must be sent to:

**AFGE Women's & Fair Practices Department
Attn: Bernice Heffner Awards Committee
80 F Street, NW
12th Floor
Washington, DC 20001**

BERNICE B. HEFFNER WOMEN'S ACHIEVEMENT AWARD NOMINATION FORM

Nominee's Name: _____
(Last) (First) (Middle)

Address: _____

(City) (State) (Zip)

Telephone: () _____ () _____
(Home) (Work)

Length of AFGE Membership: _____
(Local) (Council) (District)

1. Please provide specifics about any union activities and achievements of the nominee that occurred during the last three (3) years which demonstrate the support and promotion of AFGE policies affecting women. (Use additional pages if necessary.)

2. Please provide any AFGE positions and/or offices held by the nominee. (These position or offices can be appointed or elected.) Provide the dates of service and responsibilities of these positions and offices as they relate to this nomination.

3. Please provide any other positions and/or offices held by the nominee. Provide the dates of service and the responsibilities of these positions and offices as they relate to this nomination.

4. Please provide any community, union, or any other activities that relate to this nomination.

NOMINATORS INFORMATION

Name: _____
(Last) (First) (Middle)

Address: _____

(City) (State) (Zip)

Telephone: () _____ () _____
(Home) (Work)