

**APPLICATION FOR
YEARS OF SERVICE AWARD**

As per the Years of Service Policy approved by the voting members at the 2020 Fall Meeting.

Person to be awarded: _____

(Clearly print name as it is to appear on the Years of Service certificate)

Current Entity/Inst/Org: _____

City: _____ State/Province (or equivalent): _____

Country: _____

Complete address to mail certificate if not present at meeting to receive award:

P.O. Box or Street Address _____

- include city,
state/province, country, etc.

Years of service award for (select one):

5 years 10 years 15 years 20 years 25 years 30 years 35 years

Years of Service to IFSAC, calculated as follows:

For service with one IFSAC member entity and consecutive years served, complete one line. For non-consecutive years of service or service involved with IFSAC with more than one entity, complete additional lines.

Enter month, day, and year in the from and to blocks.

Entity Name: _____ From _____ to _____

Entity Name: _____ From _____ to _____

Entity Name: _____ From _____ to _____

My signature below indicates I have read the IFSAC Years of Service Award Policy and that the information above is correct to the best of my knowledge.

Applying for self

Applying for another person

Signature: _____ Date: _____

Email: _____ Phone: _____

Submit application to: admin@ifsac.org **OR** IFSAC Administration
Oklahoma State University
1723 W Tyler Ave
Stillwater, OK 74078