



## CITIZEN OF THE YEAR NOMINATION FORM

**Objective:** *To recognize an individual who has demonstrated a high level of service through community involvement in Jackson County.*

**Criteria:**

- Generally considered as a well-rounded community leader both professionally and personally
- Extended period of continuing service and community involvement endeavors that enhance the quality of life in the Jackson County area
- Dedicated service to the Chamber of Commerce through consistent support of Chamber events and activities

**Guidelines:**

- Must be a current Jackson County Area Chamber of Commerce member
- Individual may not nominate self
- Eligible to win the award once in a three year period

**Individual Information:**

Name \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Why do you think this person should receive this award? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How does this person meet the criteria for this award? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Additional information may be submitted along with this form.*

**Nominator's Information:**

Name \_\_\_\_\_ Company \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**SUBMIT THIS FORM TO:** Jackson County Area Chamber of Commerce, PO Box 629, Jefferson, GA 30549  
Fax to 706-387-0304 or email to [mbritt@jacksoncountyga.com](mailto:mbritt@jacksoncountyga.com)



## LARGE BUSINESS OF THE YEAR NOMINATION FORM

**Objective:** *To recognize a business of 26 or more employees who has demonstrated that they are exemplary in their business field and who is a model employer.*

**Criteria:**

- Industry award/leadership recognition
- Building or product expansion that creates a positive impact on the local business community by generating new jobs, increasing sales, or enhancing the aesthetic value of the property
- Innovation of leading edge technology/services/products that enhance and advance business opportunities
- Dedicated service to the Chamber of Commerce through consistent support of Chamber events and activities
- Dedicated service to the general community through consistent support of community endeavors that enhance the quality of life in the Jackson County area

**Guidelines:**

- Have at least 26 employees
- Must be a current Jackson County Area Chamber of Commerce member
- Eligible to win the award once in a three year period

**Company Information:**

Business/Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Contact \_\_\_\_\_

Phone Number \_\_\_\_\_

Why do you think this business deserves this award? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How does this company meet the criteria for this award? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Additional information may be submitted along with this form.*

**Nominator's Information:**

Name \_\_\_\_\_ Company \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**SUBMIT THIS FORM TO:** Jackson County Area Chamber of Commerce, PO Box 629, Jefferson, GA 30549  
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## SMALL BUSINESS OF THE YEAR NOMINATION FORM

**Objective:** *To recognize a business of 25 employees or less who has demonstrated that they are exemplary in their business field and who is a model employer.*

**Criteria:**

- Industry award/leadership recognition
- Building or product expansion that creates a positive impact on the local business community by generating new jobs, increasing sales, or enhancing the aesthetic value of the property
- Innovation of leading edge technology/services/products that enhance and advance business opportunities
- Dedicated service to the Chamber of Commerce through consistent support of Chamber events and activities
- Dedicated service to the general community through consistent support of community endeavors that enhance the quality of life in the Jackson County area

**Guidelines:**

- Have 25 employees or less
- Must be a current Jackson County Area Chamber of Commerce member
- Eligible to win the award once in a three year period

**Company Information:**

Business/Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Contact \_\_\_\_\_

Phone Number \_\_\_\_\_

Why do you think this business should receive this award? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How does this company meet the criteria for this award? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

*Additional information may be submitted along with this form.*

**Nominator's Information:**

Name \_\_\_\_\_ Company \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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## CHAMBER VOLUNTEER OF THE YEAR NOMINATION FORM

**Objective:** *To recognize an individual who has gone above the call of duty to support the goals and objectives of the Jackson County Area Chamber of Commerce.*

**Criteria:**

- Dedicated service to the Chamber of Commerce through consistent support of Chamber events and activities
- Dedicated service to the general community through consistent support of community endeavors that enhance the quality of life in the Jackson County area

**Guidelines:**

- Must be a current Jackson County Area Chamber of Commerce member
- Individual may not nominate self
- Eligible to win the award once in a three year period

**Individual Information:**

Name \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Why do you think this person should receive this award? \_\_\_\_\_

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\_\_\_\_\_

How does this person meet the criteria for this award? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Additional information may be submitted along with this form.*

**Nominator's Information:**

Name \_\_\_\_\_ Company \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**SUBMIT THIS FORM TO:** Jackson County Area Chamber of Commerce, PO Box 629, Jefferson, GA 30549  
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## WILLIAM H. BOOTH LIFETIME ACHIEVEMENT AWARD NOMINATION FORM

**Objective:** *To recognize an individual who has achieved a life-long distinction in their professional field and has a history of community involvement in Jackson County.*

**Criteria:**

- Distinguished in their career field
- Demonstrated lifelong achievement and leadership in service to the Jackson County community through consistent support of community endeavors that enhance the quality of life
- Dedicated service to the Chamber of Commerce through consistent support of Chamber events and activities

**Guidelines:**

- Individual may not nominate self
- Eligible to win the award only once

**Company Information:**

Individuals Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Why do you think this person should receive this award? \_\_\_\_\_

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\_\_\_\_\_

How does this person meet the criteria for this award? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Additional information may be submitted along with this form.*

**Nominator's Information:**

Name \_\_\_\_\_ Company \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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## AMBASSADOR OF THE YEAR NOMINATION FORM

**Objective:** *To recognize an individual who has demonstrated a high level of commitment and service through volunteering to represent the chamber at chamber programs and events as well as promote the chamber within the community.*

**Criteria:**

- Serves on the chamber ambassadors committee
- Extended period of continuing service and involvement at chamber events, programs and other activities
- Dedicated to promoting the chamber in the community
- Successfully recruits new members to the chamber

**Guidelines:**

- Must be a current Jackson County Area Chamber of Commerce member
- Individual may not nominate self
- Eligible to win the award every other year

**Individual Information:**

Name \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Why do you think this person should receive this award? \_\_\_\_\_

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\_\_\_\_\_

How does this person meet the criteria for this award? \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

*Additional information may be submitted along with this form.*

**Nominator's Information:**

Name \_\_\_\_\_ Company \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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