

2017 Dr. Vincenzo Sellarro Award Application Form

Date _____

Candidate Name: _____

Address: _____
Street

_____ City _____ State _____ Zip _____

Telephone Number: Home _____ Business _____

Date Initiated as Member of OSIA: _____

Name and Number of Lodge: _____

Lodge Offices Held: _____

State Offices Held: _____

National Offices Held: _____

Major Accomplishments: _____

Community Activities: _____

Print Nominee Name: _____

Signature: _____