

VIRGINIA PRESS ASSOCIATION
FIRST AMENDMENT AWARD NOMINATION

Name of Nominee: _____

Organization: _____

This is a: ___Newspaper/Media ___Place of Business ___Civic Group ___Other

Address: _____

City, State ZIP: _____

Daytime Phone Number: () _____ Fax: () _____

E-mail (if applicable): _____

Name of Nominator: _____

Organization: _____

Address: _____

City, State ZIP: _____

Daytime Phone Number: () _____ Fax: () _____

E-mail (if applicable): _____

In the space below, please state your reasons for nominating this person (You may attach additional information).

Nominator's Signature: _____ **Date:** _____

Please mail this form to: **First Amendment Award • Virginia Press Association • 11529 Nuckols Road • Glen Allen, VA 23059**

Please fax this form to: **(804) 521-7589 or (800) 849-8717**

**Nominations will be reviewed by a Virginia Press Association committee. Winners and nominators will be notified.
The decision of the committee is final.**