

COPA Award Nomination Form

Name of Nominated Individual or Group (Nominee) for the COPA Award

Type of Award: ___ Merit ___ Appreciation

Contact Information for Individual or Group (Nominee) Receiving COPA Award
(include mailing address, telephone number, email address and cell phone if available)

COPA Membership Number of Nominee (if applicable): _____

Name of Individual or Group Making Nomination (Nominator): _____

COPA Membership Number of Nominator (if applicable): _____

Contact Information for Individual or Group (Nominator) Making Nomination
(include mailing address, telephone number, email address and cell phone if available)

Does Nominator have a preference for location where recipient (nominee) of award would receive the award (whether at the COPA AGM or a local venue where family and press can be invited to attend)? If so, please indicate desired place, date and time:

If the award is to be presented in your local area, it is requested that you contact the local media (newspapers, TV, radio) to provide additional coverage, and honour the recipient (nominee). In doing so, provide the public with the information on the benefits of general aviation and its accomplishments in your region/area.

Please provide several paragraphs about the nominee's background, accomplishments and reasons he/she/they should receive a COPA Award for their activities. (Please provide information in a typed document, if at all possible, on a separate sheet of paper. If not possible, please write legibly).

Send to: COPA Awards, 75 Albert Street, Suite 903, Ottawa, ON, K1P 5E7
Fax: 613-236-8646; Email: awards@copanational.org