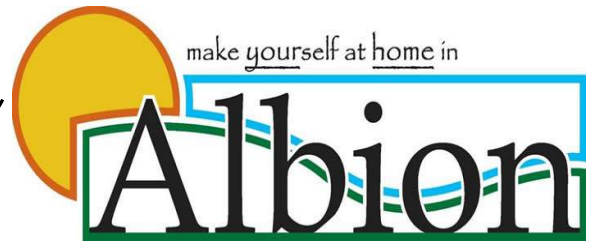


Business of the Month

NOMINATION FORM



SELECTION CRITERIA:

1. Must be a current member of the Albion Chamber of Commerce with at least one year of business activity in our community.
2. Must provide exceptional customer service and/or have accomplished an outstanding achievement.
3. Must represent our community in a positive and profession manner.

NOMINEE INFORMATION:

Company Name: _____

Street Address: _____

Contact Person: _____ Phone: _____

Brief Description of the Business: _____

Specific reason(s) to recognize them as Business of the Month: _____

Nominated by: _____ Phone: _____

Email Address: _____

RETURN NOMINATION FORM TO:

Albion Chamber of Commerce
420 W Market St.
Albion, NE 68620
Email: albionchamber@cityofalbion-ne.com
Phone: (402) 395-6012

OFFICE USE ONLY

Date Received: _____

Received By: _____

Member in Good Standing: _____

Committee Review Date: _____

Status: _____

Awarded Month: _____