



**California Council for Adult Education  
State Nomination Form  
Life Membership Award**

At retirement, we look back on our careers with enviable clarity. We see where we succeeded and where we learned to perfect our skills. This award is presented to retiring or retired CCAE members who have had outstanding service to CCAE at the chapter, section, or state levels.

**Eligibility: The nominee must be a retired or retiring member with a minimum of ten years of service to adult education and three years of membership in CCAE, including the current year. The nominee must have made significant contributions to the chapter, section, or state level of CCAE. Nominees will be selected by their respective Chapters or Section Boards. Life Membership shall be awarded at the annual state conference.**

**Nominee's Information**

\_\_\_\_\_ (Full Name) is hereby nominated.

Preferred Pronouns: \_\_\_\_\_

Nominee's Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Nominee's Assignment/Title in Adult Education: \_\_\_\_\_

Supervising Administrator's Name: \_\_\_\_\_

Supervising Administrator's Email Address: \_\_\_\_\_

Name of Nominee's Adult School: \_\_\_\_\_

Address of Adult School: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Adult School's Phone Number: (\_\_\_\_) \_\_\_\_\_

Employed in Adult Education since \_\_\_\_\_ (at least 10 years) Member of CCAE for \_\_\_\_\_ years

Verification of at least 3 years membership in CCAE: Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

**Sponsor's Information**

Sponsoring Member's Name: \_\_\_\_\_ Contact Phone: (\_\_\_\_) \_\_\_\_\_

Chapter Name \_\_\_\_\_

Section Name \_\_\_\_\_

Sponsoring Member's Email: \_\_\_\_\_

**Nominee's Related Award Information**

Nominee's educational background (Max 100 words)

Describe the nominee's assignment and experience in adult education (Max 100 words)

Describe the nominee's special contributions to the field of education (Max 300 words)

Describe the nominee's contributions to CCAE at the chapter, section, and state levels for at least the past 5 years (Max 300 words)

(Optional) Relate any personal information, which, if the candidate is selected, may be included in the award presentation or social media articles (Max 100 words)

Please upload this completed nomination and a clear and labeled headshot photo of the nominee to:  
[awards@ccaestate.org](mailto:awards@ccaestate.org)

**Deadline for any CCAE member submission is: December 8, 2023**

See your Section President for your Section's deadline:

**Section Approval**

Section Name: \_\_\_\_\_

Section President's Name: \_\_\_\_\_

Section President's approval was granted? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

**Deadline submission by Section is: January 12, 2024**