

WASHINGTON STATE LABOR COUNCIL, AFL-CIO
2019 BRUCE BRENNAN MEMORIAL AWARD

Nomination Form

NOMINEE'S

NAME: _____

NOMINEE IS

MEMBER OF

LOCAL UNION: _____

UNION ADDRESS

& PHONE NUMBER: _____

NOMINEE'S

HOME

ADDRESS: _____

NOMINEE'S

HOME PHONE NUMBER: _____

PLEASE EXPLAIN HOW THIS INDIVIDUAL EXHIBITS LEADERSHIP,
COMMITMENT, AND DEDICATION TO THE PRINCIPLES OF APPRENTICESHIP,
EDUCATION, AND TRAINING FOR THE PEOPLE OF WASHINGTON STATE. (Feel
free to use additional paper, but please use no more than 1,000 words.)

Signature of Person Making Nomination

Date

Mail, Fax or Email Complete Form **NO LATER THAN June 1, 2019** to:
Washington State Labor Council, AFL-CIO
321 – 16th Avenue South
Seattle, WA 98144
FAX: 206-285-5805
wkamakahi@wslc.org