



## Business of Month Award Nomination Form

Award will be presented at the monthly Irwindale Chamber of Commerce luncheon or Good Morning Irwindale networking breakfast and honored at a City of Irwindale Council Meeting.

### Avenues for submitting nominations

Mail to: Irwindale Chamber of Commerce  
P.O. Box 2307  
Irwindale, CA 91706

Walk in Delivery: 16102 Arrow Highway  
Irwindale, CA 91706

Fax: 626-960-3868

E-mail: [info@irwindalechamber.org](mailto:info@irwindalechamber.org)

### Criteria and Qualification required for nominee

- Nominee must be a member in good standing with the Irwindale Chamber of Commerce for a minimum of one year.
- Nominee has participated in volunteer work in the City of Irwindale and/or surrounding communities.
- Nominee has demonstrated excellence in industry through longevity, awards of merit, employee programs, reputation, exterior beautification, etc.
- Nominee exhibits commitment to the Irwindale community by involvement in the Chamber of Commerce, supporting the Irwindale Educational Foundation, Library Reading Program, local service organization, etc.

Nominee Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

### Requirements from nominator

- Complete the nomination form in its entirety
- Provide supporting documentation if requested
- Give specific examples of accomplishments.
- Nominator's name and contact information are required  
(Nomination committee may need to contact you for more information or clarification)

Submitted by: \_\_\_\_\_

Print name

Signature

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## **Business Accomplishments**

State special recognitions or projects, length of time in business and demonstrated leadership.

---

---

## **Community Services**

Give a specific example of participation in the Irwindale Education Foundation, civic and service organization, charitable activities, religious groups, educational institutions & other involvements, such as youth groups.

---

---

## **Chamber of Commerce Activity**

Give a specific example of how this company supports the Chamber of Commerce such as Cornerstone Club, Board of Directors, Ambassadors or other committees, contributions such as product donations or sponsorships.

---

---

**Business of the month is a prerequisite for the Joe DiShanni Business of the Year Award.**

*Additional information may be provided such as photocopies of newspaper clippings, award certificates, and letters of recommendation or other documentation to support information above. Items provided with application will NOT be returned.*