



Awards

Surveyor of the Year

Paul Fenerty Technician of the Year

Special Appreciation Award (Friend of the Society)

William T. Murray Lifetime Achievement Award



C a l l f o r N o m i n a t i o n s

Surveyor of the Year Award

Purpose: NJSPLS presents the Surveyor of the Year Award to honor individuals who have made exemplary contributions to the Society.

Criteria: Nomination for this award will be based upon achievements or service to the profession within the previous two years. The nominee must be a licensed land surveyor in New Jersey and a member of NJSPLS. The individual should be active in the Society. Only one Surveyor of the Year will be granted per year.

ATTACH A FULL BIOGRAPHY – NO NOMINATIONS WILL BE ACCEPTED WITHOUT A BIOGRAPHY.

Nominee: _____

Company: _____

Address _____

City/State/Zip: _____

Telephone: _____

E-mail: _____

Professional Affiliations: _____

Please indicate those activities which you believe qualify the nominee for this recognition.
(Attach additional sheets as needed.)

Please list three personal references. (Name and Phone Number)

1. _____

2. _____

3. _____

Your Name: _____

Chapter: _____ Date: _____

Fax this form to (888) 475-1858 (toll free)

NJSPLS, PO Box 101, Cream Ridge, NJ 08514-0101

Paul Fenerty Technician of the Year Award

Purpose: NJSPLS presents the Technician of the Year Award to honor individuals based on their contributions to the profession in New Jersey.

Criteria: The individual nominated for this award must maintain a current class of membership in NJSPLS. Only one award for Technician of the Year will be granted per year.

ATTACH A FULL BIOGRAPHY – NO NOMINATIONS WILL BE ACCEPTED WITHOUT A BIOGRAPHY.

Nominee: _____

Company: _____

Address _____

City/State/Zip: _____

Telephone: _____

E-mail: _____

Professional Affiliations: _____

Please indicate those activities which you believe qualify the nominee for this recognition.
(Attach additional sheets as needed.)

Please list three personal references. (Name and Phone Number)

1. _____

2. _____

3. _____

Your Name: _____

Chapter: _____ Date: _____

Fax this form to (888) 475-1858 (toll free)

NJSPLS, PO Box 101, Cream Ridge, NJ 08514-0101

Special Appreciation Award "Friend of the Society"

Purpose: NJSPLS presents the "Friend of the Society Award" annually to an individual or organization extensively involved in supporting and promoting the land surveying profession and upholding the ideals of NJSPLS.

Criteria: Any individual, organization or firm may be nominated for this award. Multiple awards in the category may be considered in a single year. The nominee does NOT have to be a member of NJSPLS.

ATTACH A FULL BIOGRAPHY – NO NOMINATIONS WILL BE ACCEPTED WITHOUT A BIOGRAPHY.

Nominee: _____

Company: _____

Address _____

City/State/Zip: _____

Telephone: _____

E-mail: _____

Professional Affiliations: _____

Please indicate those activities which you believe qualify the nominee for this recognition.

(Attach additional sheets as needed.)

Please list three personal references. *(Name and Phone Number)*

1. _____

2. _____

3. _____

Your Name: _____

Chapter: _____ Date: _____

Fax this form to (888) 475-1858 (toll free)

NJSPLS, PO Box 101, Cream Ridge, NJ 08514-0101

William T. Murray Lifetime Achievement Award

Purpose: NJSPLS presents the William T. Murray Lifetime Achievement Award to recognize and honor those who have dedicated themselves to upholding the highest standards of the land surveying profession. The award is given annually in honor of William T. Murray, one of the NJSPLS's "founding fathers".

Criteria: The nominee for this award must have made significant contributions over the years to the surveying profession in New Jersey. The nominee must be a member of NJSPLS. Multiple awards may be considered in a single year.

ATTACH A FULL BIOGRAPHY – NO NOMINATIONS WILL BE ACCEPTED WITHOUT A BIOGRAPHY.

Nominee: _____

Company: _____

Address _____

City/State/Zip: _____

Telephone: _____

E-mail: _____

Professional Affiliations: _____

Please indicate those activities which you believe qualify the nominee for this recognition.

(Attach additional sheets as needed.)

Please list three personal references. *(Name and Phone Number)*

1. _____

2. _____

3. _____

Your Name: _____

Chapter: _____ Date: _____

Fax this form to (888) 475-1858 (toll free)

NJSPLS, PO Box 101, Cream Ridge, NJ 08514-0101