

Joyce Binder: Memorial Award

Application



Awarded to an outstanding NYS ID/DD member who has made a significant contribution to advancing the practice of supporting individuals with ID/DD through the demonstrated attributes of caring/compassion, advocacy, mentoring, leadership, dedication, education/ research.

Name of Nominee/Title: \_\_\_\_\_

Experience of Nominee: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe how this nurse has/will change the quality of life and has made a positive impact for the people he/she supports:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attributes this nominee has demonstrated, in at least 150 words:  
(Attach a brief typed summary of explanation for the distinguished  
attributes identified with examples of how the nominee has  
demonstrated those qualities.)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Nominating Person/Relationship to Nominee:  
\_\_\_\_\_

Contact Information: \_\_\_\_\_

Please submit by mail this completed application before 8/31/17 to:

NYS ID/DD Nurses Association

PO BOX 32

Hannawa Falls, NY 13647