

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: _____

Nominee is a member of NYS ID/DD Nurses Association as of Aug. 1, 2018? _____ **Yes** _____ **Unknown**

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 8/31/18 to:

NYS ID/DD Nurses Association

PO BOX 32

Hannawa Falls, NY 13647