



California Association of School Transportation Officials  
CASTO MEMBER OF THE YEAR AWARD

**NOMINATION FORM – PART 1**

Criteria and details about this award can be found on the CASTO Member of the Year Awards page.

Candidate Information:

Name:

Home Address:

City:

Zip Code:

Phone #:

Email:

Job Title:

Employer:

Business Address:

City:

Zip Code:

Superintendent or Agency/Company Owner:

Phone #:

Email:

Names, Information, and Signatures of three (3) current CASTO members making the nomination (at least one must be an Official Member):

1. Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Chapter #: \_\_\_\_\_ Check if Official Member \_\_\_\_\_ Date: \_\_\_\_\_
2. Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Chapter #: \_\_\_\_\_ Check if Official Member \_\_\_\_\_ Date: \_\_\_\_\_
3. Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Chapter #: \_\_\_\_\_ Check if Official Member \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT:** All information on Nomination Forms Part 1 & 2 must be completed for the candidate to be considered.

Mail Nomination Forms Part 1 & 2 to the CASTO State Secretary.

Mail must be postmarked no later than February 7.