

**2025 COMMUNITY AWARDS NOMINATION FORM FOR**

**STANDING OVATION**

***The Standing Ovation Award recognizes an individual or business that has shown a longtime commitment to the Chamber and the Chandler community.***

***Note that a recipient cannot have received an award in the past 3 years.***

***The Selection Committee reserves the right to consider any nominee in another category.***

**To Qualify, Nominee Must:**

* Be actively involved in the Chandler community
* Exceptional dedication and commitment to the Chamber and Chandler community
* Be located in the Chandler area
* Be a Chandler Chamber Member
* Have been active in the Chandler area for at least ten years

Please complete the form below to nominate an individual or business for the Standing Ovation Award. Incomplete entries will not be considered. Completed nomination forms must be returned to the Chandler Chamber (101 W Commonwealth Ave, Chandler, AZ 85225) or emailed to info@chandlerchamber.com by March 7, 2025.

#### *Please Print*

Business Name:

Owner/Principal:

Business Address:

City/State/Zip:

Business Phone: Type of Business:

Type of Services or Products: \_\_\_\_ \_\_\_\_\_\_

Year Established: Years in Chandler:

Reasons for Recommendation: Please address each of the award criteria. List significant milestones, community and civic activities, awards, business and professional ethics, etc. (attach separate sheet, if necessary).

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

**Nominated By:** \_\_\_\_\_\_\_ *Please print - name and business name (if affiliated with a business)*

**Address /City/Zip:**

**Phone:** **E-mail:** \_\_\_\_\_\_