

OUTSTANDING CHAPTER VOLUNTEER AWARD NOMINATION FORM

Date of Application:

Name of Nominated Member:

Job Title:

Employing Organization:

Mailing address:

Phone number:

Citation Stating Qualifications for Nominee

Please answer the following questions about the award nominee. Use a separate sheet of paper.

1. What is the nominee's role in your chapter? How is this role critical to the success of your chapter?
2. Why should the nominee be selected for the Outstanding Chapter Volunteer Award? What sets this person apart from other nominees?
3. Please provide an example of when the nominee went above and beyond his/her duties.

I attest to all facts contained in this nomination and give permission to be used by NCMA for publication.

DATE

CHAPTER NAME

NAME OF SUBMITTER

CHAPTER TITLE

Please Submit Applications to:
awards@ncmahq.org



Deadline to Submit:
September 15, 2020