

THIS IS NOT A NATIONAL DMA AWARD. IF A STATE CHAPTER WOULD LIKE TO INSTITUTE A "MEMBER OF THE YEAR" AWARD, YOU MAY USE THIS APPLICATION.

DMA Member of the Year Application

Rules:

- 1) *Member of the Year must be an active member of DMA*
- 2) *Person making recommendation must be an active member of DMA*
- 3) *Please recommend any member(s) in your district or in the state chapter whom you deem worthy of recognition as "Member of the Year."*
- 4) *Submit a separate form for each member you wish to recommend*

Name of Candidate: _____

Address: _____

Facility Name and Address: _____

Educational Background: _____

Work History and Service: _____

DMA Membership and Service: _____

Civic and Community Activities: _____

Name of Member Making Recommendation: _____

Signature: _____

DATE: _____