



Nominee Form Outstanding Service Award

Check **ONE**:

NOMINEE IS AN ASSOCIATION

Association Name: _____

NOMINEE IS AN INDIVIDUAL OR INDIVIDUALS (husband and wife)

Name of Individual(s): _____

IS NOMINEE (S) DECEASED? *(Please check, if applicable)*

Association Name: _____

Company (If applicable): _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Describe the accomplishment(s) for which the Nominee(s) should receive recognition and indicate why you feel the award should go to the above association or individual(s). *(Attach this printed information to the Nominee Form)*

Please complete your information:

Name: _____

Affiliated Association: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Deadline to submit application to AAMP: **March 15**

Mail completed form to: AAMP, One Meating Place, Elizabethtown, PA 17022, or fax completed form to: 717-367-9096.
Email completed form to: nvm@aamp.com