

**OUTSTANDING
MI DMA MEMBER OF THE YEAR
AWARD 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 worth 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: _____

If more space needed please attach a separate sheet.

Name of Member making recommendation: _____

Address _____

DMA # _____

Signature: _____ Date _____

Please mail this completed application to the State President by July 15th 2007

Becky Mayer, CDM,CFPP

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North Adams, MI 49262