

**NOMINATION FORM--TO BE RECEIVED BY MAY 1, 2011**

**MEMBER OF THE YEAR - LONE STAR CHAPTER**

-----PLEASE TYPE-----

Nominee's Full Name \_\_\_\_\_  
Current Job Title: \_\_\_\_\_ City: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Business Phone \_\_\_\_\_  
Number of Years as Municipal Clerk \_\_\_\_\_ Number of Years as Deputy or Assistant \_\_\_\_\_  
Number of Years in Municipal Government (not previously applied) \_\_\_\_\_

**CERTIFICATIONS:**

Texas Municipal Clerks Association:

Date of Certification \_\_\_\_\_ Date(s) of Recertification \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Other Associations:

Association Name: \_\_\_\_\_ Date of Certification \_\_\_\_\_

Association Name: \_\_\_\_\_ Date of Certification \_\_\_\_\_

International Institute of Municipal Clerks

CMC (Date) \_\_\_\_\_ MMCA (Entry) \_\_\_\_\_;(1<sup>st</sup>) \_\_\_\_\_;(2<sup>nd</sup>) \_\_\_\_\_;(3<sup>rd</sup>) \_\_\_\_\_

**LONE STAR CHAPTER PARTICIPATION:**

Number of Years as Member (two-year minimum): \_\_\_\_\_

Service:

Committee: \_\_\_\_\_ Year \_\_\_\_\_ Chair\* ( )

Committee: \_\_\_\_\_ Year \_\_\_\_\_ Chair\* ( )

Committee: \_\_\_\_\_ Year \_\_\_\_\_ Chair\* ( )

Committee: \_\_\_\_\_ Year \_\_\_\_\_ Chair\* ( )

Officer: \_\_\_\_\_ Year \_\_\_\_\_

Officer: \_\_\_\_\_ Year \_\_\_\_\_

\*Chair service will be credited with assigned points and will not receive service points.

**OTHER LOCAL ORGANIZATIONS/CHAPTERS**

Organization Name: \_\_\_\_\_ Number of Years as Member: \_\_\_\_\_

Service:

Nominee: \_\_\_\_\_

Committee: \_\_\_\_\_ Year \_\_\_\_\_ Chair\* ( )

Committee: \_\_\_\_\_ Year \_\_\_\_\_ Chair\* ( )

Officer: \_\_\_\_\_ Year \_\_\_\_\_

Organization Name: \_\_\_\_\_ Number of Years as Member: \_\_\_\_\_

Service:

Committee: \_\_\_\_\_ Year \_\_\_\_\_ Chair\* ( )

Committee: \_\_\_\_\_ Year \_\_\_\_\_ Chair\* ( )

Officer: \_\_\_\_\_ Year \_\_\_\_\_

**TEXAS MUNICIPAL CLERKS ASSOCIATION/IIMC/STATE-NATL**

**ORGANIZATIONS**

TMCA – Number of Years as a Member \_\_\_\_\_

Committee: \_\_\_\_\_ Year \_\_\_\_\_ Chair\* ( )

Committee: \_\_\_\_\_ Year \_\_\_\_\_ Chair\* ( )

Committee: \_\_\_\_\_ Year \_\_\_\_\_ Chair\* ( )

Officer: \_\_\_\_\_ Year \_\_\_\_\_

Officer: \_\_\_\_\_ Year \_\_\_\_\_

IIMC – Number of Years as a Member \_\_\_\_\_

Committee: \_\_\_\_\_ Year \_\_\_\_\_ Chair\* ( )

Other Organization: \_\_\_\_\_ Number of Years as a Member \_\_\_\_\_

Committee: \_\_\_\_\_ Year \_\_\_\_\_ Chair\* ( )

Other Organization: \_\_\_\_\_ Number of Years as a Member \_\_\_\_\_

Committee: \_\_\_\_\_ Year \_\_\_\_\_ Chair\* ( )

**SPECIAL PROJECTS**

Publication of professional articles, coordination of seminars/conferences, educational session convener/coordinator: Participation in TMCA/TMCCP, Local Chapter, IIMC Education Sessions (description and date): \_\_\_\_\_

Session Instructor (descriptions and date): \_\_\_\_\_

Nominee: \_\_\_\_\_

**Individual Submitting Nomination**

Nominator \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

e-mail \_\_\_\_\_

**NOMINATOR: Please include a brief summary of the reasons why you believe your nominee should be selected as the Lone Star Chapter Member of the Year.**

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\_\_\_\_\_  
(Signature of Nominator)

**NOMINEE: I attest to all facts contained on this form, and give my permission for the facts to be used for publication. With agreement to accept the Member of the Year Award, I understand that, barring extreme circumstances, a nominee must be present at the Award Ceremony to be held at the June meeting of the Lone Star Chapter.**

\_\_\_\_\_  
(Signature of Nominee)

**RETURN NOMINATION FORM TO COMMITTEE CHAIR:**

**Carole Ehrlich, TRMC, CMC  
300 Country Club Road, Building 100  
Wylie, Texas 75098**