Ethel N. Kelley Memorial Award

NOMINATION FORM

Due Date - Friday, August 18, 2023 by 12:00 noon. (Please complete all applicable sections)

Nominee's Name (Individ	ual Only):			
Municipality Served:				
LIST MUNICIPAL ELECTEI	D/APPOINTED POSITIONS (Please include	de services provided to any municipality)	:	
Position(s):	Municipality:	Length of Service:	Year:	to
Position(s):	Municipality:	Length of Service:	Year:	to
Position(s):	Municipality:	Length of Service:	Year:	to
LIST MUNICIPAL VOLUNT	FEER POSITIONS (Please include services	provided to any municipality):		
Position(s):	Municipality:	Length of Service:	Year:	to
	Municipality:			
Position(s):	Municipality:	Length of Service:	Year:	to
	D FROM HIS/HER MUNICIPAL POSITION (1998)),	<i>l</i>
IS THE NOMINEE RETIRE	D FROM HIS/HER NON MUNICIPAL W	ORK CAREER? YES NO		
IS THE NOMINEE DECEAS	SED AND BEING CONSIDERED POSTHU	JMOUSLY? YES		
NOMINATED BY:				
Name:				
Title:				
Municipality: Date:				
Name:				
Title:				
Municipality:		Date	:	

Please complete and return with up to (5) supporting letters. **The supporting letters are critical to your success.** Care should be taken to describe in detail why your nominee should receive MMA's most prestigious award. Send completed Nomination Form and letters by deadline noted above.