Nominee's Name (Individual Only): ____________________________________________________________
Municipality Served: ______________________________________________________________________

LIST MUNICIPAL ELECTED/APPOINTED POSITIONS (Please include 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 VOLUNTEER POSITIONS (Please include 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 _____

Please Include Total Number of Years Dedicated to Municipal Service: ___________
*Do not include years that overlap due to service in multiple positions*

MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS: Please provide a brief statement why you believe your nominee is deserving of this award:
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

IS THE NOMINEE RETIRED FROM HIS/HER MUNICIPAL POSITIONS/CAREER?
☐ YES (When did Nominee retire?) _____/ _____/ ______  ☐ NO (Anticipated retirement date?) _____/ _____/ ______

IS THE NOMINEE RETIRED FROM HIS/HER NON MUNICIPAL WORK CAREER?  ☐ YES  ☐ NO

IS THE NOMINEE DECEASED AND BEING CONSIDERED POSTHUMOUSLY?  ☐ 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.

MMA Ethel N. Kelley Memorial Award – Selection Panel
Maine Municipal Association, 60 Community Drive, Augusta, ME 04330