

AMTA CT Chapter Award and Recognition Application

Please fill out the following form for each person you are nominating for an award or recognition. Submit application(s) to Judi Ohrt, 3rdvp@amtactchapter.org or mail to 45 Harriet St., Vernon, CT 06066

Check the appropriate category of award/recognition.

<input type="checkbox"/> Chapter Meritorious Award	<input type="checkbox"/> Outstanding Committee Member Award
<input type="checkbox"/> Outstanding Committee Award	<input type="checkbox"/> Community Service Award
<input type="checkbox"/> Certificate of Appreciation	<input type="checkbox"/> Other: Please specify if you want another Award to be added.
	: _____

Nominee Information: If a committee award list all committee members.

Name(s): _____

: _____

: _____

Member Status: Professional Associate Student

AMTA number: _____

Estimate how long individual has been involved with the chapter.

Chapter involvement: list the committee(s) or program(s) this member has been involved with.

State why you believe this individual or committee should receive this award or recognition.

Person filling out form: _____

Date submitted: _____