Due August 11\textsuperscript{st}, 2021

NTMA SERVICE AWARDS NOMINATION FORM

I, __________________________, Trustee/Officer/Member of the __________________________ Chapter, hereby nominate...

Name: __________________________ Position/Title: __________________________

Company: ____________________________________________________________ for the following NTMA Service Award:

MEMBER AWARDS

☐ HONOR AWARD
For continuing meritorious service and dedication to the industry and/or the Association by a regular member; traditionally rendered for longevity of service and/or dedication, as opposed to a single act or service in a short-time industry or Association position

☐ LA SOMMER MEMORIAL AWARD
For outstanding and continuing service of the highest magnitude, by a regular member, emphasis is placed on service to the Association, both of the highest order and over a period of time, connoting excellence in a particular role in NTMA, rather than as a participant in a single event

☐ WILLIAM E. HARDMAN AWARD FOR EXCELLENCE IN TRAINING
For a company or individual that has consistently demonstrated strong support and active participation in structured training for the precision custom manufacturing industry.

NON-MEMBER AWARD

☐ DISTINGUISHED SERVICE AWARD
For outstanding service to the industry by other than an NTMA regular member companies.

Please provide the following information to support your nomination:

Length of Membership __________________________

National Offices Held - including year(s) of service:

__________________________________________

Chapter Offices Held - including year(s) of service:

__________________________________________

NTMA Team(s) Participation [indicate if Team Leader]:

__________________________________________

Major Projects Worked on:

__________________________________________

Major Contributions to the Association and/or Industry

__________________________________________

Comments (attached additional pages if necessary)

__________________________________________

For Nominating Team Use Only

Nomination ☐ Accepted  ☐ Rejected

Presentation scheduled for:

Date: __________________________

Location: __________________________

__________________________________________

Nominating Team Leader __________________________ Date __________________________

Please return this form to Linda Warner at lwarner@ntma.org