

2016 NOMINATIONS FOR ANNUAL NYSAFP

DR. PAUL B. BROOKS MEMORIAL AWARD:

Nominee:

Business Affiliation:

Position:

Nominee's Qualifications for This Award (Refer to Award Criteria)

Contact Person:

Name:

Address:

Phone -- Business:

Home:

Representing _____ Affiliate

EMMET R. GAUHN MEMORIAL AWARD:

Nominee:

Business Affiliation:

Position:

Nominee's Qualifications for This Award (Refer to Award Criteria)

Contact Person:

Name:

Address:

Phone -- Business:

Home:

Representing _____ Affiliate

HOWARD B. MARLATT MEMORIAL AWARD:

Nominee:

Business Affiliation:

Position:

Nominee's Qualifications for This Award (Refer to Award Criteria)

Contact Person:

Name:

Address:

Phone -- Business:

Home:

Representing _____ Affiliate

THEODORE H. REICH MEMORIAL AWARD:

Nominee:

Business Affiliation:

Position:

Nominee's Qualifications for This Award (Refer to Award Criteria)

Contact Person:

Name:

Address:

Phone -- Business:

Home:

Representing _____ Affiliate

WILLIAM V. HICKEY MEMORIAL AWARD:

Nominee:

Business Affiliation:

Position:

Nominee's Qualifications for This Award (Refer to Award Criteria)

Contact Person:

Name:

Address:

Phone -- Business:

Home:

Representing _____ Affiliate

EDUCATION & PROFESSIONAL IMPROVEMENT AWARD:

Nominee:

Business Affiliation:

Position:

Nominee's Qualifications for This Award (Refer to Award Criteria)

Contact Person:

Name:

Address:

Phone -- Business:

Home:

Representing _____ Affiliate

ANNUAL AFFILIATE OF THE YEAR AWARD -- QUALIFICATIONS

Approved by Council of Affiliates -- April 28, 1986

- 1) Organization -- Does the affiliate have annual elections, does it have a constitution, a Board of Directors, and is the affiliate financially sound?
- 2) Service to its Members -- To be measured by the type of programming and number of meetings held.
- 3) State Involvement -- Do the affiliate members attend NYS functions? How many belong to the State Association? What is their participation with other affiliates, or in other State activities?
- 4) Membership -- Does the affiliate grow with new members, and do the "older" members continue to attend? Is their experience used?
- 5) Use of NYSAFP Newsletter -- Are affiliate activity reports completed for meetings?
- 6) Winners will be determined by the Executive Board of the NYSAFP.

**GEORGE "SID" MILLER, JR. AFFILIATE OF THE YEAR AWARD
For Year 2016**

Applicant Affiliates Council _____

Organization:

Date of Elections _____ Officers Installed (month) _____

Officers: President _____
 Vice President _____
 Secretary _____
 Treasurer _____

Meeting Agenda (Date and Program)

DATE	PROGRAM	ATTENDANCE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Finances: Is Your Affiliate Solvent and Without Manageable Debt?

Yes _____ No _____

Membership: (Include all members -- all states)

Start of Year _____ # State* Members _____

Current Membership _____ # International Members _____

*Members of the NYSAMFS--Both State and Local Membership

State Participation:

State Dues Paid _____ (date)

Number of Members Who Have Attended a "State" Function

Within Year: _____

Number of Affiliate Activity Reports submitted in past 12 months _____

Number of Award Nominees Made to State Awards Program _____

Comments: (Optional)

List unusual events -- new programs, growth outlook for membership or state/national involvement, problems and how they were solved, what your future looks like, accomplishments. (Attach page for "comments".)

Attachment: Yes _____ No _____

Please return completed form to: NYSAFP, Attn: J. Lucia, PO Box 348, Dryden, NY 13053 (by **Monday, May 2nd**) Ithaca, NY 14853, or e-mail: jgg3@cornell.edu. If you have any questions – call Janene at 607-227-5833.