

MAIL SYSTEMS MANAGEMENT ASSOCIATION SUPPLIER OF THE YEAR AWARD

The SUPPLIER OF THE YEAR AWARD was established by the National Board, in 2014, to recognize a Supplier member's outstanding contribution(s) made within the Industry. This award takes into consideration accomplishments made by the applicant throughout the past year, but is not limited specifically to that period. The recipient of this award is recognized by their peers who deem them worthy of being honored for his/her professional accomplishments and for sharing their experiences with others. Any member can make nominations for this award for any other member, by completing the form on reverse side.

For consideration, all applications must be fully completed including a short resume/biography of nominees' accomplishments justifying the recommendation. All nominations should be submitted directly to the National Board of Directors - Awards Committee. The applicant must be a member in good standing with the MSMA, including, but not limited to, the nominee's Chapter complying with National reporting guidelines. Members at Large must be current in dues payment.

If you require any additional information or have questions regarding the application, contact the Managing Director, AOSP, Barbara Fahy at bfahy@msmanational.org

NAME OF MEMBER SUBMITTING INFORMATION: _____

COMPANY NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE NUMBER: _____

NAME OF NOMINEE: _____

JOB TITLE OF NOMINEE: _____

COMPANY: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER: _____

CHAPTER NAME: _____

DATE APPLICATION COMPLETED: _____

Complete reverse side and attach additional pages as required.

SUPPLIER OF THE YEAR AWARD NOMINATION FORM

Please provide as much detail as necessary for the Committee to evaluate the nominee.

1. HOW LONG HAS THIS SUPPLIER BEEN AFFILIATED WITH MSMA AND THE INDUSTRY?

2. WHAT PRODUCTS AND/OR SERVICES DOES THIS SUPPLIER PROVIDE TO THE INDUSTRY?

3. HOW HAS THIS SUPPLIER CONTRIBUTED TO THE INDUSTRY?

4. WHAT CONTRIBUTIONS HAS THIS SUPPLIER MADE TOWARDS THE MSMA CHAPTER OR MSMA NATIONAL AND ITS GOAL OF PROFESSIONAL ADVANCEMENT OF THE INDUSTRY?

Your Name: _____

Title/Company: _____

Telephone/E-mail Address _____

Signature of member submitting nomination

Date

Chapter President - (if applicable) _____

Please e-mail this application to Barbara Fahy at bfahy@msmsanational.org and mail the entire application with supporting documentation to MSMA, P O Box 3002, , Oak Brook, IL. 60522