



FMAA AWARDS OF EXCELLENCE

Application for Membership Development

Alliance Name _____

Project Name _____

Project Chair _____

County President _____

How Many Volunteers Participated? _____

Was this a One Time Effort or Ongoing? _____

How Much Time Was Given to the Project? _____

Describe Your Membership Activities

How Were the Needs of Your Membership Served? (Present Members) _

(Prospective Members) _

What Was the Impact of this Activity on Your Membership Numbers?

What Was the Impact on Your Present Members (If Any)? _

Applications must be submitted by August 31.

Applications will be judged by the FMAA Awards Committee.

Email application to: info@myfmaa.org