



CHAPTER MEMBERSHIP ENHANCEMENT PROGRAM COORDINATOR OF THE YEAR AWARD

The Membership Enhancement Division encompasses: Couple of The Year, Communication, Recruiting & Retention, Public Relations and Special Interest Groups. It is the fun Division and key to growth in GWRRRA. In order to encourage and recognize outstanding achievements in the area of Membership Enhancement, Tennessee District will present an award to an individual or couple who has made a significant impact on their Chapter in Membership Enhancement. The individual or couple considered for this award should be the Chapter Membership Enhancement Program Coordinator.

CRITERIA FOR THIS AWARD:

- Nominee must be a current GWRRRA Member through date of the award
- Active in Membership Enhancement position during the year of the award.
- Has made a significant impact at their Chapter

NOMINATION FORM SHOULD INCLUDE:

- Specific Achievements in Membership Enhancement
- Nominee's Name, GWRRRA Member Number - including expiration date
- Nominator's Name, GWRRRA Member Number
- This year's award will be presented on Saturday, April 28th 2012 at the Tennessee District Rally, in Pigeon Forge, TN. This prestigious award is to honor a Tennessee Membership Enhancement individual who is committed to the growth and success of GWRRRA and their Chapter.
- Nominations for the Tennessee District Award should be received by TN District Membership Enhancement Program Coordinators, Allen and Dottie Wessels, by Saturday, March 3rd 2012. You may submit your nominations at any time prior to the closing date, as well.

Nomination forms are located on the next page and can be printed from there.

Nominations should be submitted in hard copy, no emails please.



TENNESSEE CHAPTER MEMBERSHIP ENHANCEMENT PROGRAM COORDINATOR AWARD NOMINATION FORM

NOMINATOR'S NAME _____ NOMINATOR'S MEMBER # _____

NOMINATOR'S DISTRICT _____ CHAPTER _____ POSITION _____

(If nominating a couple include information for both)

NOMINEES NAME _____ MEMBER # _____ EXP. DATE _____

CO-NOMINEES NAME _____ MEMBER # _____ EXP. DATE _____

DISTRICT _____ CHAPTER _____ SPECIFY DATES IN MED POSITION _____

LIST SPECIFIC ACHIEVEMENTS OF NOMINEE IN MEMBERSHIP ENHANCEMENT:

NOMINATOR'S COMMENTS:

NOMINATOR'S SIGNATURE DATE
(Attach additional pages as needed)