

GMA LIFETIME SERVICE AWARD NOMINATION FORM

CITY _____

NOMINEE _____

PLEASE LIST POSITION(S) HELD AND DATES OF SERVICE FOR EACH POSITION, BEGINNING WITH THE MOST RECENT. IF NOMINEE HELD ONE OR POSITIONS IN ANOTHER GEORGIA CITY, PLEASE INCLUDE THESE POSITIONS AND DATES AS WELL.

POSITION

DATES OF SERVICE

_____	_____
_____	_____
_____	_____
_____	_____

TO ASSIST WITH PRESENTATION AND PRESS RELEASE, BRIEFLY DESCRIBE CONTRIBUTIONS MADE BY NOMINEE TO YOUR CITY.

REQUESTED EVENT FOR AWARD PRESENTATION (GMA District Meeting, city council meeting or other city event): _____

Pam Helton will follow-up to coordinate an event date for the presentation.

SUBMITTED BY: _____ DATE: _____

TITLE: _____ TELEPHONE #: _____

Complete and email to Pam Helton at phelton@gacities.com or fax to 678-686-6386.