



FMAA
FLORIDA MEDICAL ASSOCIATION ALLIANCE

FMA ALLIANCE PEGGY WILCOX AWARD

For outstanding service of an individual to his/her community

Nomination Form

Qualifications

1. The candidate must be a member in good standing of his/her county and state alliance, or a member of the state alliance.
2. The candidate may or may not have served in top leadership positions at the county or state level since devotion and loyalty are demonstrated in many other ways.
3. The candidate's "outstanding service" would be notable through length of service, or a variety of achievements or contributions, rather than on a particular instance.
4. The candidate must be the approved choice of the county executive board or a committee chosen for that purpose, with final approval of your board. State Alliance members may be nominated by a county Alliance board or another State member.

Your Alliance may send one entry each year; however, that name may be submitted for two consecutive years. Entries must include a descriptive statement of the nominee's Alliance services, including the number of years the candidate has been active, special contributions to the Alliance, and any county, state and national offices held. Please try to eliminate any reference to the candidate's identity (name, county, etc.) in this descriptive statement. That document should then be submitted along with this cover sheet once complete.

If no county candidate is chosen, your board may elect to submit the name of a member from another county or the state Alliance. For example, small counties may have difficulty in making a selection and may wish, instead, to nominate a state chair or representative who has been exceptionally helpful or who best fits the criteria.

The name of the recipient will remain confidential until the presentation at the annual meeting. You will be notified if your candidate was selected but NO publicity may be released prior to the presentation.

Candidate's Name:

County of Residence:

Person Completing Form and Contact Info (Please include phone/cell and email)

Name:

County Alliance:

Phone/Cell:

Email:

Brief biography of the candidate's civic/alliance accomplishments, family info (medical specialty, number of children, etc.)

[illegible]

Please attach the Descriptive Summary.
Applications must be submitted by August 31.
Applications will be judged by the FMAA Awards Committee.

Email application to: info@myfmaa.org