



2016 MEMBER of the YEAR AWARD APPLICATION

Date _____

Recommended by Supervisor or ADDA Member _____

Instructions: Print or type information. Be sure all information is legible. Incomplete forms will be returned.

Nominee Name : _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Mobile Phone _____

Email: _____

ADDA Membership Type → Professional Associate Other Type _____

How long have you been an ADDA Member ? _____ Primary Discipline _____

Do you have ADDA Certification? Yes No If yes, list Certification type and Level _____

Have you been an ADDA Student Member ? Yes No

Were you in an ADDA Student Chapter ? Yes No Chapter Name _____

Are you involved in an ADDA Council ? Yes No Council Name _____

Circle Highest Grade Level: 9 10 11 12 13 14 15 16

List Diplomas – Certifications – Certificates earned and Date:

List Civic and Local Organization you are or have been involved in.



Date _____

List your last three employers and your job responsibilities.

From _____ to _____ Company _____

Addresss _____ City State Zip _____

Job Title & Responsibilities _____

Supervisor _____ Contact - Phone _____ Cell _____

From _____ to _____ Company _____

Addresss _____ City State Zip _____

Job Title & Responsibilities _____

Supervisor _____ Contact - Phone _____ Cell _____

From _____ to _____ Company _____

Addresss _____ City State Zip _____

Job Title & Responsibilities _____

Supervisor _____ Contact - Phone _____ Cell _____

List 3 Notable Projects you have been involved in related to your drafting career

1. _____

2. _____

3. _____



Date _____

List Civic and Local Organization you are or have been involved in.

Statement from Current Supervisor _____

Signature _____

Attach any letters of recommendation from former employers or other individuals.

Attach any additional documentation related to this applicant.

Other recommendation statements _____

I acknowledge the information contained within this application is accurate to the best of my knowledge. I further acknowledge the contents of this information will be distributed to the review committee and any or all the information may be used in the promotion of this and other programs, currently or in the future and I will be personally responsible for the content and will hold ADDA or it assignees harmless from any and all laws related to the information.

Signature of Applicant _____ Date _____

*Information must be completed, signed and returned to ADDA by January 09, 2016.
Winner will be announced January 31, 2016.*