**Nomination Form for AMC Southeastern Mass. Chapter**

**Yearly *Distinguished Service Award* (*DSA*)**

**DSA Nominee Criteria**

* Must be a current AMC SEM member and have belonged to the SEM chapter for at least five years (to be verified by AMC Membership)
* Has contributed to the SEM Chapter “above and beyond” the high level of volunteer service typically provided by our activity leaders and other members
* Contributions can be at the Board level, Committee level, across multiple committees, or in some other chapter-wide capacity
* Nominee should be actively contributing to the chapter or have contributed significantly in the past
* [Prior DSA recipients](http://www.amcsem.org/about.dsa.plaque.pdf) are not eligible for nomination

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of person completing this form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of nominee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. To the best of your knowledge, is the nominee a current member of AMC SEM and has he or she been active for at least five years? (to be verified by AMC Membership) Yes\_\_\_ No\_\_\_

Is the nominee currently actively contributing to the Chapter?

Yes\_\_\_ No\_\_\_

1. Describe how the nominee has contributed to the SEM Chapter “above and beyond” the usual SEM high level of volunteer service (May include: Executive Committee positions held, workshop presentations, number/ description of trips led, support/ organization provided for Chapter events). Please provide as much detail as possible.

1. Additional comments?

After completing this form, please email to the [DSA Coordinator](mailto:dsacoordinator@amcsem.org) by October 1st. All nominations are confidential.

Revised by Paul Brookes 7/17/23; Year removed by CHL 8/29/23; edits by CHL 9/2/23