

MAINE MUNICIPAL ASSOCIATION

# Ethel N. Kelley Memorial Award

## NOMINATION FORM

**Due Date - Friday, August 2, 2024 by 5:00 p.m.**

(Please complete all applicable sections and provide statements of support)

Nominee's Name (Individual Only): \_\_\_\_\_

Municipality Served: \_\_\_\_\_

**LIST MUNICIPAL ELECTED, APPOINTED & VOLUNTEER POSITIONS** (Please include services provided in municipality):

Position(s): \_\_\_\_\_ Municipality: \_\_\_\_\_ Length of Service: \_\_\_\_\_ Year: \_\_\_\_\_ to \_\_\_\_\_

Position(s): \_\_\_\_\_ Municipality: \_\_\_\_\_ Length of Service: \_\_\_\_\_ Year: \_\_\_\_\_ to \_\_\_\_\_

Position(s): \_\_\_\_\_ Municipality: \_\_\_\_\_ Length of Service: \_\_\_\_\_ Year: \_\_\_\_\_ to \_\_\_\_\_

Position(s): \_\_\_\_\_ Municipality: \_\_\_\_\_ Length of Service: \_\_\_\_\_ Year: \_\_\_\_\_ to \_\_\_\_\_

Position(s): \_\_\_\_\_ Municipality: \_\_\_\_\_ Length of Service: \_\_\_\_\_ Year: \_\_\_\_\_ to \_\_\_\_\_

Position(s): \_\_\_\_\_ Municipality: \_\_\_\_\_ Length of Service: \_\_\_\_\_ Year: \_\_\_\_\_ to \_\_\_\_\_

**Please Include Total Number of Years Dedicated to Municipal Service:** \_\_\_\_\_

**\*Do not include years that overlap due to service in multiple positions\***

**MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS:** Please list all professional memberships, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IS THE NOMINEE RETIRED FROM HIS/HER MUNICIPAL POSITIONS/CAREER?**

YES (When did Nominee retire?) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  NO (Anticipated retirement date?) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**IS THE NOMINEE DECEASED AND BEING CONSIDERED POSTHUMOUSLY?**  YES

**NOMINATED BY:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Please complete and return with up to (5) supporting letters. The supporting letters are a critical part of the process and provide an opportunity for the community to flaunt their nominee's accomplishments. There are no formalizes or right approaches. A simple statement of support and the reasons why your nominee is deserving of this recognition is sufficient.

Please send completed form and letters by 5 p.m. on Friday, August 2 to Kelly Maines at [kmaines@memun.org](mailto:kmaines@memun.org) or

Kelly Maines  
Executive Office Administrative Coordinator  
Maine Municipal Association  
60 Community Drive, Augusta, ME 04330

