

## **IIMC Quill Award Nomination Form**

**NOTE: Nomination Form shall be submitted to IIMC Headquarters by April 1<sup>st</sup>.  
A member of IIMC may submit no more than one nomination per year.**

### **Nominee's Contact Information**

Nominee's Full Name \_\_\_\_\_

Current Municipality \_\_\_\_\_ Appointment Date \_\_\_\_\_

Other information if not currently employed as a Municipal Clerk

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Business Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

### **Years of Service**

Number of Years as Municipal Clerk: \_\_\_\_\_ yrs. From \_\_\_\_\_ to \_\_\_\_\_  
(Include all municipalities) (Month/Year) (Month/Year)

Number of Years as Deputy/Assistant Clerk: \_\_\_\_\_ yrs. From \_\_\_\_\_ to \_\_\_\_\_  
(Include all municipalities) (Month/Year) (Month/Year)

### **IIMC Membership/Certification**

Number of Years a Member of IIMC \_\_\_\_\_ yrs. From \_\_\_\_\_ to \_\_\_\_\_  
(Minimum of 10 years to qualify) (Month/Year) (Month/Year)

Date of CMC \_\_\_\_\_ Date of MMC \_\_\_\_\_  
(CMC required for nomination)

### **State, Provincial or National (S/P/N) Association Membership/Certification**

Name of State, Province or National Association \_\_\_\_\_

Number of Years a Member of S/P/N Organization \_\_\_\_\_ yrs. From \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

Date of Certification \_\_\_\_\_ Date(s) of Recertification \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(If applicable)

## IIMC Service

## Region Director

From \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)  
From \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

IIMC Committee Service

Committee \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

## IIMC Committee Chair Service<sup>1</sup>

Committee \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

**State, Provincial or National (S/P/N) Association Service**

Board Member \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
(Position) (Month/Year) (Month/Year)

Board Member \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
(Position) (Month/Year) (Month/Year)

Board Member \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
(Position) (Month/Year) (Month/Year)

Board Member \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
(Position) (Month/Year) (Month/Year)

Board Member \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
(Position) (Month/Year) (Month/Year)

Board Member \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
(Position) (Month/Year) (Month/Year)

Board Member \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
(Position) (Month/Year) (Month/Year)

**(S/P/N) Association Committee Service**

Committee \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

**(S/P/N) Association Committee Chair Service<sup>1</sup>**

Committee \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

Committee \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

Committee \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

**Local Chapter Service**

Officer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
(Position) (Month/Year) (Month/Year)

Officer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
(Position) (Month/Year) (Month/Year)

Officer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
(Position) (Month/Year) (Month/Year)

Officer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
(Position) (Month/Year) (Month/Year)

Officer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
(Position) (Month/Year) (Month/Year)

**Local Chapter Committee Service**

Committee \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

**Local Chapter Committee Chair Service<sup>1</sup>**

Committee \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

Committee \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

## Special Projects/Service<sup>2</sup>

IIMC

### *(S/P/N) Association*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Year \_\_\_\_\_

## *Local Chapter*

Year \_\_\_\_\_  
Year \_\_\_\_\_  
Year \_\_\_\_\_  
Year \_\_\_\_\_  
Year \_\_\_\_\_  
Year \_\_\_\_\_

## *Community Service*

Year \_\_\_\_\_  
Year \_\_\_\_\_  
Year \_\_\_\_\_  
Year \_\_\_\_\_  
Year \_\_\_\_\_  
Year \_\_\_\_\_

*Other (e.g. State Municipal League or other service specifically related to the Municipal Clerk profession)*

Year \_\_\_\_\_  
Year \_\_\_\_\_  
Year \_\_\_\_\_  
Year \_\_\_\_\_

**<sup>1</sup>Committee Chairs** – If an individual is the chair of a committee, he/she will be credited with the assigned points for committee chair and will not receive points for both committee service and chair service.

**<sup>2</sup>Special Projects** – This could include the following:

Professional articles published in the State, Provincial or National Association Newsletter, State Municipal League Magazine, IIMC Newsletter, authorship in a handbook for Clerks. (This does not include articles that are required as a result of a position that is currently held since points for that service are calculated as a part of holding that position.)

Planning and coordinating local chapter seminars, IIMC conferences, service on **State/Provincial/National** Municipal League (or other organizations specifically related to the Municipal Clerk profession), committees etc.

### **Creation of Education Sessions**

*IIMC*

Class \_\_\_\_\_ Year \_\_\_\_\_  
Class \_\_\_\_\_ Year \_\_\_\_\_  
Class \_\_\_\_\_ Year \_\_\_\_\_  
Class \_\_\_\_\_ Year \_\_\_\_\_

*S/P/N*

Class \_\_\_\_\_ Year \_\_\_\_\_  
Class \_\_\_\_\_ Year \_\_\_\_\_  
Class \_\_\_\_\_ Year \_\_\_\_\_  
Class \_\_\_\_\_ Year \_\_\_\_\_

*Local Chapter*

Class \_\_\_\_\_ Year \_\_\_\_\_  
Class \_\_\_\_\_ Year \_\_\_\_\_  
Class \_\_\_\_\_ Year \_\_\_\_\_  
Class \_\_\_\_\_ Year \_\_\_\_\_

### **Participation in Education Sessions**

#### *IIMC Instructor*

Class \_\_\_\_\_ Year \_\_\_\_\_  
Class \_\_\_\_\_ Year \_\_\_\_\_  
Class \_\_\_\_\_ Year \_\_\_\_\_  
Class \_\_\_\_\_ Year \_\_\_\_\_

#### *IIMC Panel Member*

Class \_\_\_\_\_ Year \_\_\_\_\_  
Class \_\_\_\_\_ Year \_\_\_\_\_  
Class \_\_\_\_\_ Year \_\_\_\_\_  
Class \_\_\_\_\_ Year \_\_\_\_\_

#### *IIMC Convener/Coordinator (IIMC Sessions, State, Provincial or National Association Seminars/Institutes, Chapter Seminars,)*

Class \_\_\_\_\_ Year \_\_\_\_\_  
Class \_\_\_\_\_ Year \_\_\_\_\_  
Class \_\_\_\_\_ Year \_\_\_\_\_  
Class \_\_\_\_\_ Year \_\_\_\_\_

*S/P/N or Local Chapter Instructor*

Class \_\_\_\_\_ Year \_\_\_\_\_  
Class \_\_\_\_\_ Year \_\_\_\_\_  
Class \_\_\_\_\_ Year \_\_\_\_\_  
Class \_\_\_\_\_ Year \_\_\_\_\_

*S/P/N or Local Chapter Panel Member*

Class \_\_\_\_\_ Year \_\_\_\_\_  
Class \_\_\_\_\_ Year \_\_\_\_\_  
Class \_\_\_\_\_ Year \_\_\_\_\_  
Class \_\_\_\_\_ Year \_\_\_\_\_

*S/P/N or Local Chapter Convener/Coordinator (State, Provincial or National Association Seminars/Institutes, Chapter Seminars,)*

Class \_\_\_\_\_ Year \_\_\_\_\_  
Class \_\_\_\_\_ Year \_\_\_\_\_  
Class \_\_\_\_\_ Year \_\_\_\_\_  
Class \_\_\_\_\_ Year \_\_\_\_\_

## Leadership

## IIMC:

Other:

### **Nominator Contact Information**

Individual or Regional Organization Submitting Nomination \_\_\_\_\_

Nominator \_\_\_\_\_ (*Designated Individual Nominating*)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Nominator:** (1) In the space below or on a separate piece of paper, please briefly summarize the reasons why you/organization believe your nominee should be selected as the Quill Award winner for \_\_\_\_\_ (insert year). (2) Ensure that written endorsements from the State/Provincial or National Association **and** written endorsement from the nominee's IIMC Region Directors are attached.

**Nominee:** In your own words describe how your activities during past years exemplify leadership in the Municipal Clerk profession, your community and your current job. Include certifications received that are not included elsewhere on the nomination form (state certifications, elections certifications, Certified Records Manager etc.)

I attest that all facts are in this form are true and correct and give my permission for the facts to be used for publication. With agreement to accept the Quill Award, I understand that, barring extreme circumstances, a nominee must be present at the Award Ceremony on the scheduled date.

**Signature of Nominee** \_\_\_\_\_ **Date** \_\_\_\_\_

Please forward the completed form and the summary from the nominator by **April 1st** to:

IIMC Headquarters  
Quill Award Nomination  
8331 Utica Avenue, Suite 200  
Rancho Cucamonga, CA 91730