IIMC Quill Award
Nomination Form

NOTE: Nomination Form shall be submitted to IIMC Headquarters by April 1st.
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
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
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)
Committee____________________________________From _________ to _________                           (Month/Year)                           (Month/Year)
Committee____________________________________From _________ to _________                           (Month/Year)                           (Month/Year)
Committee____________________________________From _________ to _________                           (Month/Year)                           (Month/Year)
Committee____________________________________From _________ to _________                           (Month/Year)                           (Month/Year)
Committee____________________________________From _________ to _________                           (Month/Year)                           (Month/Year)
Committee____________________________________From _________ to _________                           (Month/Year)                           (Month/Year)

IIMC Committee Chair Service
Committee____________________________________From _________ to _________                           (Month/Year)                           (Month/Year)
Committee____________________________________From _________ to _________                           (Month/Year)                           (Month/Year)
Committee____________________________________From _________ to _________                           (Month/Year)                           (Month/Year)
Committee____________________________________From _________ to _________                           (Month/Year)                           (Month/Year)
Committee____________________________________From _________ to _________                           (Month/Year)                           (Month/Year)
Committee____________________________________From _________ to _________                           (Month/Year)                           (Month/Year)
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)

(S/P/N) Association Committee Service
Committee____________________________________From _________ to _________
(Month/Year)                           (Month/Year)
Committee____________________________________From _________ to _________
(Month/Year)                           (Month/Year)
Committee____________________________________From _________ to _________
(Month/Year)                           (Month/Year)
Committee____________________________________From _________ to _________
(Month/Year)                           (Month/Year)
Committee____________________________________From _________ to _________
(Month/Year)                           (Month/Year)

(S/P/N) Association Committee Chair Service
Committee____________________________________From _________ to _________
(Month/Year)                           (Month/Year)
Committee____________________________________From _________ to _________
(Month/Year)                           (Month/Year)
Committe ___________________________________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)
Committee____________________________________ From _________ to _________
(Month/Year)                           (Month/Year)
Committee____________________________________ From _________ to _________
(Month/Year)                           (Month/Year)
Committee____________________________________ From _________ to _________
(Month/Year)                           (Month/Year)

Local Chapter Committee Chair Service¹

Committee____________________________________ From _________ to _________
(Month/Year)                           (Month/Year)
Committee____________________________________ From _________ to _________
(Month/Year)                           (Month/Year)
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<th>Special Projects/Service²</th>
<th>Year</th>
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<td>Other (e.g. State Municipal League or other service specifically related to the Municipal Clerk profession)</td>
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¹Committee 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.

²Special 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:**

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**Other:**

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______________________________________________________________________________
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.)

______________________________________________________________________________
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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