

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)

IIMC Committee Chair Service¹

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 Service¹

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)

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)

Special Projects/Service²

IIMC

_____ Year _____
_____ Year _____
_____ Year _____
_____ Year _____
_____ Year _____
_____ Year _____

(S/P/N) Association

_____ Year _____
_____ Year _____
_____ Year _____
_____ Year _____
_____ Year _____

Local Chapter

_____ Year _____
_____ Year _____
_____ Year _____
_____ Year _____
_____ Year _____

Community Service

_____ 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 _____

¹**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.

²**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