



FMAA AWARDS OF EXCELLENCE
Application for Membership
Development

Alliance Name _____

Project Name _____

Project Chair _____

County President _____

How Many Volunteers Participated? _____

Was this a One Time Effort or Ongoing? _____

How Much Time Was Given to the Project? _____

Describe Your Membership Activities

How Were the Needs of Your Membership Served? (Present Members) _

(Prospective Members) _

What Was the Impact of this Activity on Your Membership Numbers?

What Was the Impact on Your Present Members (If Any)? _

Please submit entry to the FMAA Offices via mail or email.
FMAA P. O. Box 353, Winter Park, FL 32790
Or via email: director@myfmaa.org