



FMA ALLIANCE AWARDS OF EXCELLENCE

Application for Membership Development

Alliance Name _____

Number of Members _____

County President _____

Address _____

City/State/Zip _____

Phone # _____

Project Name _____

Project Chair _____

How Many Volunteers Participated? _____

How Much Time Was Given to the Project? _____

Was this a One Time Effort or Ongoing? _____

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)? _____
