



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)? _

Submission via email preferred: myinfo@fmaa.org
Or mail to: Elaine Hale, 1136 Gatlin Avenue, Orlando, FL 32806