

For internal research, but notations are appreciated:

In addition to any statements supplied by the nominator, please check all which you know applies to your nomination. (THA staff will research/confirm) the following:

1. ____ Past or present officer/director of THA or TMHF*oundation*.
2. ____ Past officer/director of a Chapter, when in existence.
3. ____ Past or present delegate to MHI.
4. ____ Chairperson of any THA Committees.
____ Member of any THA Committees.
5. ____ Quality of performance on assigned responsibilities at the state/local levels.

Submitted by:

Name: _____

Company: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Please return to:
THA
1002 Meb Court, Suite B
Mount Juliet, TN 37122
E-mail: Office@tnmha.org or fax to: (615)255-8869