

ADVOCACY/SPECIALIST

Name/Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

If different than above, name of contact person: _____

The Advocacy/Specialist award is given to an individual who has contributed to supporting people with disabilities. This individual has displayed professionalism to the consumer, community and as a result of their efforts has reduced barriers for inclusion. In the space below write a narrative describing some situations that have occurred to demonstrate their work. After completing this form mail it to MAMC PO Box 162 Fargo, ND 58107.

Signature of nominee: _____