

Advocate Award

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

If different than above, name of contact person: _____

The Advocate 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. Attach a nomination letter describing some situations that have occurred to demonstrate their work.

Complete this form, attach a nomination letter and mail to:

MAMC
P.O. Box 162
Fargo, ND 58107.

Nominations must be postmarked or received by March 30th.

Signature of nominee _____