

2012 Robert C. Seipp Service Award

Please complete and submit this nomination form along with any letters of recommendation

1. Nominee's Name: _____

Title: _____

Organization: _____

Address: _____

Phone: _____ E-Mail: _____

2. History of nominee's employment: _____

3. Education (industry and other) and professional designations: _____

4. Awards and other recognitions: _____

5. Participation in MAFMIC and MAFMIC activities (including offices held, committee activity, etc):

6. Participation in NAMIC and NAMIC activities: _____

7. How has the nominee served and enhanced the mutual insurance industry in Minnesota? Why is the nominee deserving of this Award? _____

8. Person Making Nomination: _____

Title: _____

Organization: _____

Address: _____

Phone: _____ E-Mail: _____

Nominations must be received in the MAFMIC Office by **Friday, October 28, 2011.**

MAFMIC
P.O. Box 880
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FAX (320) 271-0912