


THE SHRINE DIRECTORS ASSOCIATION
OF SHRINERS INTERNATIONAL

March 8 ,2019

Dear SDA Members:

It is time again to start thinking about the **2019** Member of the Year nominees. Following is the Official Nomination Form needed for the selection of the SDA Member of the Year. I have also included an example of a completed form. Please remember that the person nominated does not have to be a "Director" to qualify for this award. Any Directors Staff member worthy of this award is also eligible.

The SDA Member of the Year selection criteria will be on a "point" basis. The nominee with the highest accumulated points will be selected as the SDA Member of the Year (MOTY). In the event of a tie, the MOTY Committee will make the final decision. Please note- the more detail that you provide, the more it enhances the nominee's chances of being selected.

The deadline to get these forms back to me is **April 10, 2019**. Please mail or email your nominations to me at sylverf0x1@aol.com . If you need any help or have any questions, please do not hesitate to contact me by e-mail or by phone at 540-366-6934.

Yours in the faith,

C.P. Lockhart, KAZIM, Chairman
Member Of The Year Committee
2578 Loch Haven Drive
Roanoke, VA 24019

cc: Officers
Board of Governors
Past Presidents



2019 SDA Member of the Year Nomination Form

Member of the Year Nominee _____ Shrine Center _____

Nominee's Address _____
Street City State Zip

Years as Director _____ Years on Directors Staff _____ SDA Region _____

SDA Convention Attendance? Yes No Years _____

Ceremonial participation within his Shrine Center? Yes No How many _____

Developed or revised stunts? Yes No How many _____

Attended and/or participated in other temple's second sections? Yes No How many _____

Participation in other Masonic family organizations activities? (specify)

Leadership/Managerial Skills within Masonic Family and Community Activities (Relationship with others)

Interpersonal skills – Is he dependable, always there and willing to do whatever is needed?

Yes No Comments _____

Nominated by _____ Shrine Center _____
Please print

Signature _____

Address _____
Street City State Zip

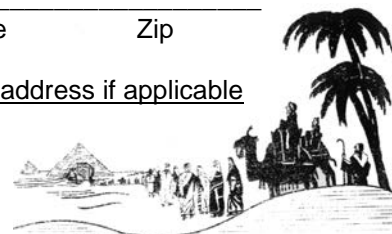
Phone No: Your Phone # Cell No: Your number if you have one e-mail: Your address if applicable

Nominations must be received by April 10, 2019

Return to: C.P. Lockhart, Chairman, Member of the Year Committee

2578 Loch Haven Dr., Roanoke, VA 24019 (540) 366-6934; email: sylverf0x1@aol.com

Winners of the SDA Member of the Year award cannot be re-entered for a minimum of three years following receipt of the award



(If there are any additional comments, or more space is needed please use back of this form)

2019 SDA Member of the Year Nomination Form

EXAMPLE OF A COMPLETED FORM

Member of the Year Nominee John Doe Shrine Center (His shrine center name)

Nominee's Address Any Where in North America
Street City State Zip

Years as Director 8 Years on Directors Staff 11 SDA Region 19

SDA Convention Attendance? Yes No Years 8

Ceremonial participation within his Shrine Center? Yes No How many 24

Developed or revised stunts? Yes No How many 2

Attended and/or participated in other temple's second sections? Yes No How many 4

Participation in other Masonic family organizations activities? (specify)

John is a member of the Leadership Training Committee for Washington Grand Lodge. He is also the Advisory Council Chairman and Advisor for V.S. Bayne Chapter of DeMolay in Richland, WA.

Leadership/Managerial Skills within Masonic Family and Community Activities (Relationship with others)

John uses his skills by encouraging participation of others to perform their best while promoting teamwork.

Interpersonal skills – Is he dependable, always there and willing to do whatever is needed?

Yes No Comments - He never waits to be asked to complete a task. He steps up and takes on a leadership role in whatever is needed.

Nominated by Your Name Goes Here Shrine Center Your Shrine Center Name
Please print

Signature Your Signature Please

Address Please provide your address, complete with City, State and Zip Code
Street City State Zip

Phone No: Your Phone # Cell No: Your number if you have one e-mail: Your address if applicable

Nominations must be received by April 10, 2019

Return to: Chairman, Member of the Year Award Committee

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(If there are any additional comments, or more space is needed, please use back of this form)

