

SC Municipal Finance Officers, Clerks and Treasurers Association

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www.masc.sc (keyword: MFOCTA)

Nomination for MFOCTA Professional Achievement Award

Name of nominee: _____

Title/position: _____

Municipality: _____

Address: _____

City, state, zip code: _____

Telephone: _____ Email: _____

Number of year(s) MFOCTA member: _____ in position: _____ in profession: _____

Professional certifications: _____

Professional elected /appointed positions: _____

Professional recognitions/accomplishments: _____

Professional training/educational contributions: _____

Reason for nomination: _____

Explain how the nominee has actively promoted the profession: _____

Explain how the nominee has demonstrated outstanding moral character and professionalism: _____

Community/volunteer/philanthropic activities: _____

Please provide the following information for nomination to be considered:

Date of submission: _____

Nomination submitted by: _____

Municipality: _____

Address: _____

City, state, zip code: _____

Telephone: _____ Email: _____

Please attach a current resume or biography of the nominee's work history.

Submit nominations to Elizabeth Copeland at ecopeland@masc.sc.