

Associate Member of the Quarter NOMINATION FORM

I would like to submit the following for nomination as Associate Member of the Quarter:

Name of Associate Member (Employee Name):

Title or Position (if known): _____

Business/Employer: _____

Date: _____

How satisfied were you with your treatment in terms of the following?

(Circle the number you feel best represents the category, 5 being superior)

Helpfulness: 5 4 3 2 1

Product/Service Knowledge: 5 4 3 2 1

Promptness: 5 4 3 2 1

Courtesy: 5 4 3 2 1

Appearance/Grooming: 5 4 3 2 1

I believe this individual should be the Associate Member of the Quarter because:

Winners of the Associate of the Quarter are announced at the Beacon Committee's quarterly lunches in January, April, July & October. An Associate will be eligible for selection no more than once a year.

Please return your Nomination Form to the Chamber of Commerce at the address on the back of this form.

NOTE: If sending through mail, please use tape to seal form and affix first class postage.

Thank you for your participation!

If you have any questions, please call the Chamber at 437-6120.

OFFICE USE ONLY

Verified Associate Chamber Member: Y / N

In Good Standing: Y / N

Verifying Initials: _____

Date Verified: _____



BEACON COMMITTEE

Associate Member of the Quarter NOMINATION FORM



Chamber of Commerce
1301 N White Sands Blvd
Alamogordo, NM 88310

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1301 N WHITE SANDS BLVD
ALAMOGORDO, NM 88310**

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