

# Associate Member of the Quarter NOMINATION FORM

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

**PLEASE PRINT**

**Employee Name: (First and Last 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 for Associate of the Quarter are announced at the  
Beacon Committee's quarterly meetings in January, April, July &  
October. An Associate will be eligible for selection no more than  
once a year.

Each quarterly business winner is considered for the  
Alamogordo Chamber of Commerce Business of the Year,  
announced at the Annual Banquet!

**Please return your Nomination Form to  
the Chamber of Commerce.**

*NOTE:* If sending through the 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 (575) 437-6120.

**OFFICE USE ONLY**

Verified Associate Chamber Member: Y / N

In Good Standing: Y / N

Verifying Initials: \_\_\_\_\_

Date Verified: \_\_\_\_\_



## ***Associate Member of the Quarter*** **NOMINATION FORM**

**“Encourage to Excel,  
Prepare to Succeed.”**

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Web Site: [www.alamogordo.com](http://www.alamogordo.com)  
E-Mail: [chamber@alamogordo.com](mailto:chamber@alamogordo.com)

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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